



2015 REQUEST FOR PROPOSALS

Edward Byrne Memorial Justice Assistance Grant Program

for Guam's 2013-2016 Strategy for Drug Control, Violent Crime and Criminal Justice Systems Improvement Strategy

Eligibility:

Proposals may be submitted by any established non-profit organization, faith-based organizations, law enforcement, victim services, and substance abuse public agencies that are consistent with the approved BJA programs identified in the 2013 Strategy

Deadline

All applications are due by 4:00 p.m. July 1, 2016

**Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, Guam 96932
Telephone No.: (671) 472-4201/2/3
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**EDDIE BAZA CALVO, Governor
RAY TENORIO, Lt. Governor
WILLIAM M. CASTRO, Director**

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Overview

The Edward Byrne Memorial Justice Assistance Grant (JAG) Program (42 U.S.C. 3751(a)) is the primary provider of federal criminal justice funding to state and local jurisdictions. The JAG Program provides states and units of local governments with critical funding necessary to support a range of program areas including law enforcement, prosecution and court programs, prevention and education programs, corrections and community corrections, drug treatment and enforcement, crime victim and witness initiatives, and planning, evaluation, and technology improvement programs.

The Byrne Justice Assistance Grant (JAG) program is designed to support all components of the criminal justice system, from multi-jurisdictional drug and gang task forces to crime prevention and domestic violence programs, courts, corrections, treatment, and justice information sharing initiatives. JAG funded projects may address crime through the provision of services directly to individuals and/or communities and by improving the effectiveness and efficiency of criminal justice systems, processes and procedures.

The priorities identified in Guam FY 2013 - 2016 Strategy for Drug Control, Violent Crime and Criminal Justice Systems Improvement are law enforcement; sexual assault; treatment and rehabilitation; technology improvement; and violent crime.

The proposed programs under each priority areas are the following:

Law Enforcement Priority

Multijurisdictional Drug Task Forces Program

Sexual Assault and Violent Crime Priority

Forensic Medical Examination of Sexual Assault Program

Sexual Assault Prosecution Program

Sex Offender Registration Management Program

Treatment and Rehabilitation Priority

Correctional Treatment and Rehabilitative Program

Recovery Oriented Systems of Care Program for Substance Abuse Offenders

Drug Court Program

Technology Improvement Priority

Criminal Justice Records Improvement Program

JAG Program Areas

JAG funds may be used for state and local initiatives, technical assistance, training, personnel, equipment, supplies, contractual support, and information systems for criminal justice, as well as criminal justice-related research and evaluation activities that will improve or enhance:

- Law enforcement programs.
- Prosecution and court programs.
- Prevention and education programs.
- Corrections and community corrections programs.
- Drug treatment and enforcement programs.
- Planning, evaluation, and technology improvement programs.
- Crime victim and witness programs (other than compensation).

The JAG Program is the primary provider of federal criminal justice funding to state and local jurisdictions. JAG funds support all components of the criminal justice system, from multijurisdictional drug and gang task forces to

crime prevention and domestic violence programs, courts, corrections, treatment, and justice information sharing initiatives. JAG funded projects may address crime through the provision of services directly to individuals and/or communities and by improving the effectiveness and efficiency of criminal justice systems, processes, and procedures.

Project Proposal Deadline:

Each project proposal for the FY 2015 JAG narrative must be submitted to the Bureau of Statistics and Plans by no later than 4:00 p.m. July 1, 2016. Proposals submitted after the deadline will not be considered. Please provide a hardcopy and an electronic format to the Bureau in Microsoft Word.

Submit Applications to:

Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, Guam 96932

Contact Information: If you have any questions, please contact Ms. Lola E. Leon Guerrero at (671) 472-4201/2/3 or at lalalg@bsp.guam.gov

Eligibility: Applicants are limited to state government agencies, faith based organizations and nonprofit organizations and applications related to criminal justice functions and support.

Grant Amount: The maximum amount that may be requested for a project is \$75,000.

Match Requirement: There is no match requirement for these funds.

Length of Support: The grant period for projects awarded under this solicitation will be for 12 months of funding up to September 30, 2017. Continuation funding may be available for up to two additional years and is dependent upon the availability of federal JAG funds, as well as project performance and demonstration of continued need. Applicants should plan to assume the costs of successful projects when grant funds are no longer available.

Evidence Based Practices: *Applicants are encouraged to submit applications for evidence-based programs and/or practices and/or data driven strategies.*

Evidence-based program and/or practices is defined as: Program and practices that have been shown, through rigorous evaluation and replication, to be effective at accomplishing goals and achieving criminal justice related priorities (e.g., preventing or reducing crime, disrupting criminal activity, etc). Where sufficient evidence is not available for a program or practice to be recognized as "evidence based", the applicant should use the research literature and a clear, well-articulated theory or conceptual framework to develop their program or practices.

Data driven strategies are defined as: Criminal justice interventions that are informed by analyses of the factors believed to be generating the particular crime problem in a community, and that link the crime problem to evidence-based practice. The goal is to use the problem analysis to produce highly focused interventions on the people, places, and contexts generating the specific crime problems.

Restrictions: Grant funds must not be used to supplant federal, state or local funds that otherwise would be available for the same purposes. Other restrictions specified in the federal guidelines governing this program may apply; these will be included in the special conditions attached to grants awarded.

Grant funds will not be awarded for projects for which other funding may be available.

Prohibited Uses:

No JAG funds may be expended outside of the JAG purpose areas. Even within the purpose areas, however, JAG funds may not be used directly or indirectly for security enhancements or equipment for nongovernmental entities not engaged in criminal justice or public safety. Nor may JAG funds be used directly or indirectly to provide for any of the following matters unless BJA certifies that extraordinary and exigent circumstances exist, making them essential to the maintenance of public safety and good order:

Vehicles (excluding police cruisers), vessels (excluding police boats), or aircraft (excluding police helicopters).
Luxury items.
Real estate.
Construction projects (other than penal or correctional institutions).
Any similar matters.

Equipment: The purchase of equipment will only be allowed when the equipment is necessary and integral to the conduct of the project/program to be funded by the JAG grant. Equipment costs must be reasonable, thoroughly justified, and directly related to the grant project outcomes.

Quarterly Financial and Programmatic Reporting

Under the FY 2015 JAG program, quarterly financial and programmatic reporting will be required, and the reporting periods are as follow:

Programmatic Reporting Periods	Due Dates
October- December	January 15
January- March	May 31
April-June	July 15
July-September	October 15

Financial Reporting Periods	Due Dates
October- December	February 15
January- March	May 15
April-June	August 15
July-September	December 15

Performance Measures Reporting

Performance Measurement Tool Periods	Due Dates
October- December	January 15
January- March	May 31
April-June	July 15
July-September	October 15

To assist in fulfilling the Department's responsibilities under the Government Performance and Results Act of 1993 (GPRA), P.L. 103-62, and the GPRA Modernization Act of 2010, Public Law 111-352, applicants who receive funding under this solicitation must provide data that measures the results of their work. Quarterly performance metrics reports must be submitted through BJA's Performance Measurement Tool (PMT) web site: www.bjaperformancetools.org. The performance measure can be found at <https://www.bjaperformancetools.org/help/JAGDocs.html>. All JAG recipients should be aware that BJA has made changes to the JAG performance reporting processes, including measures.

Submission of performance measures data is not required for the proposal. Instead, applicants should discuss in their application their proposed methods for collecting data for performance measures.

Reporting Fraud, Waste, Error, and Abuse

Each grantee or subgrantee awarded funds made available under the 2013 JAG is to promptly refer to an appropriate inspector general any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has submitted false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving JAG funds. You may report potential fraud, waste, abuse, or misconduct to the U.S. Department of Justice, Office of the Inspector General (OIG) by—

mail: Office of the Inspector General U.S. Department of Justice Investigations Division
950 Pennsylvania Avenue, N.W. Room 4706 Washington, DC 20530
e-mail: oig.hotline@usdoj.gov
hotline: (contact information in English and Spanish): (800) 869-4499
or hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG web site at www.usdoj.gov/oig

Fiscal Year 2015 JAG Proposed Program Goals and Requirements

Proposed Program	Goals	Requirements
1 Multijurisdictional Drug Task Force Program	Interdict illegal drugs at our ports of entry, to reduce the availability and use of illegal drugs and money laundering activities on Guam through collaborative investigations with State and Federal agencies in order to apprehend, arrest, and convict individuals, and to seize assets acquired as a result of controlled substance violations.	Operational agreement between the agencies participating in the drug task force. Specifying the working relationship among the agencies and to clarify commitments of each agency. Key elements that the agreement should address are: identification of the participating agencies and the designated contact person in each agency; identification of the roles and responsibilities of the agencies. Include information describing how the agencies will work with each of the other participating agencies. Provide the position titles of the personnel assigned to the task force in the project proposal. Project must include the average number of drug violations and drug arrest over a five year period (current); and include the average number of task force drug cases investigated, arrests made, and conviction over a five year period (current).
2 Forensic Medical Examination of Sexual Assault Program	Improve the collection of evidence in sexual assault cases that will assist with the successful prosecution of criminal sexual assault cases; and to ensure that survivors of sexual assault are provided with the necessary support/resources to report and participate in the investigation and prosecution of criminal sexual conduct cases.	Project description must focus on the collection of forensic evidence in sexual assault cases. Project must include the average number of forensic exams conducted by sex, age (0-15, 16-50, 51+) by exam type over a five year period (current)
3 Sexual Assault Prosecution Program	Prosecute sexual assault cases and convict the offender; and to prosecute sex offenders who fail to update and verify their information on the registry.	Project must include the average number of sexual assault cases received, processed and convicted over a five year period (current); the average number of sex offender (non compliant) cases referred for failing to comply with the Sex Offender Registry requirements and the number of non-compliant cases prosecuted; the number of local prosecutors assigned to prosecute rape cases and non compliant registered sex offenders local prosecutors. Project must show collaboration with Healing Hearts Crisis Center on the forensic evidence.
4	Facilitate jurisdictional compliance with SORNA by providing support for coordinated interagency efforts to comply; and to	Interagency Agreement between the entities involved to facilitate jurisdictional compliance with

Proposed Program	Goals	Requirements
Sex Offender Registration Management Program	enhance Guam's efforts to ensure victims and public safety.	SORNA. Project must include the average number of convicted sex offenders; registered sex offenders by level I, II, III; registered sex offenders on probation, parole, unsupervised, incarcerated, relocated, deported, expired term, deceased; registered sex offender on website; absconder registered sex offenders; and registered sex offenders who fail to register. Identify the number of personnel (position title) that is responsible for monitoring and registering the sex offenders.
5 Correctional Treatment and Rehabilitative Program	Provide substance abuse treatment, domestic and family violence treatment, sex offender treatment, and terrorizing and assault treatment to adult offenders to reduce the recidivism rate upon release and to maintain a healthy lifestyle.	Project description must include: Treatment program, including offender's daily schedule. Criteria for successful and unsuccessful program completion.
6 Drug Court Program	Reduce substance abuse and recidivism among non violent juvenile and adult substance abusing offenders by implementing continuing care and aftercare services in specific	Project description must include: In absence of proposed project, offenders would be confined. Offender receiving proposed services are non violent. Admission for proposed project. How and when clients are assessed. Internal sanctions system for compliance and non compliance.
7 Criminal Justice Records Improvement Program	Make systematic improvement in the quality, timeliness, and accuracy of Guam criminal history records to facilitate integration of information technology in the criminal justice system and to share information across systems	Projects will be given priority based on goals to integrate and query data (offenders) through the Message Switch via the Police (Arrests), Prosecution (Prosecution Status), Courts (Disposition), and Correction (Correctional Status) systems; and to allow for information sharing with state and federal law enforcement entities (NCIC, AEGIS, ACMIS, CJIS, and PCMIS).

2015 JAG Application Instructions

Applications must be received by **4:00 p.m. on July 1, 2016**. Late submissions will not be accepted. Fax or e-mail copies will not be accepted.

BYRNE JAG SCORING

Bureau of Statistics and Plans

Applications will be scored according to the following:

Problem Statement	10 points
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Strategy	35 points
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The strategy must include goals, objectives, activities, and information on the project's organization and management, personnel, personnel biographies (if available), and participating agencies that are/will be involved.

Performance Indicators/Outcome Measures	15 points
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Probability to Improve the Criminal Justice System	15 points
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Budget Detail and Explanation	25 points
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Total Points	100 points
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FY 2015 JAG

Parts I, II, and III of the application for grant must be submitted together. Check that the following have been completed.

1. Part I. Title Page

- a) items A to U are completed

2. Part II. Description of Project

- a) problem statement includes supporting data or facts
- b) goals are clearly defined
- c) objectives are specific and measurable
- d) activities demonstrate how objectives will be accomplished
- e) schedule and timeline are included
- f) defines the agency(s) and personnel that will manage and work on the project
- g) performance indicators/outcome measures are linked to the goals/objectives
- h) there is probability that the project can improve the criminal justice system

3. Part III. Budget Detail and Explanation

Please refer to <http://ojp.gov/funding/Apply/Resources/BudgetDetailWorksheet.pdf>

Provide as much detail as possible, e.g. travel costs should be itemized by the number of trips and estimated cost per trip; equipment costs should contain descriptions and costs of specific items; etc.

- a) items A through G total the amount of the grant application
- b) budget explanation completed and attached
- c) budget clearly supports the project's objectives and activities

4. The Application (Parts I Title Page, II Description of the Project, and III Budget Detail and Explanation) **must be saved on Microsoft Word** and **emailed to BSP in Microsoft word**.

5. Submit **one original and two copies of the Application**.

APPLICATION CONTENTS: 2015 JAG PROJECT PROPOSAL

All proposals must use the following bold, underlined headings in the same order as presented. Respond to each bulleted question within the section asked.

Part I. Title Page Contents

- A. **Project Abstract:** Applicants must provide an abstract which includes the applicant's name, title of the project, the goals of the project, a description of the strategies to be used, major deliverables, and coordination plans. The abstract must not exceed one-half page, or 400-500 words.
- B. **Program Title:** Enter the proposed program title that the project falls under (Refer to Appendix A).
- C. **Project Title:** Enter a brief descriptive title.
- D. **Grantee Name:** Enter the name of the agency.
- E. **JAG Program Area:** Identify the authorized JAG program area this project falls under (Select One). The JAG Program Area is as follows:
- Law enforcement programs.
 - Prosecution and court programs.
 - Prevention and education programs.
 - Corrections and community corrections programs.
 - Drug treatment and enforcement programs.
 - Planning, evaluation, and technology improvement programs.
 - Crime victim and witness programs (other than compensation).
- F. **Applicant Agency and Address:** Enter the official title of the agency or department, and the full mailing and physical address.
- G. **Applicant Agency DUNS Number:** All applicants under the 2015 Byrne Justice Assistance Grant Program Request for Proposal must include a DUNS (Data Universal Numbering System) number in their application. Applications without a DUNS number are incomplete and will not be reviewed.

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving Federal funds. The identified is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and sub recipients.

Please note that the Government of Guam line agencies that uses the "980018947" EIN number must use the "778904292" DUNS number to comply with the GSC Circular 2008-02.

In addition to the DUNS number requirement, OJP requires that all applicants (other than individuals) for federal financial assistance maintain current registrations in the Central Contractor Registration (CCR) database. The CCR database is the repository for standard information about federal financial assistance applicants, recipients, and sub recipient. Please note that applicants must update or renew their CCR registration at least once per year to maintain active status.

- H. **Systems for Award Management:** The Office of Justice Programs requires that all applicants for federal financial assistance maintain current registrations in the SAM database. The Central Contractor Registry (CCR) has been migrated to the System for Award Management (SAM). The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. If you had an active record in CCR, you have an active record in SAM.

I. You do not need to do anything in SAM at this time, unless a change in your business circumstances requires updates to your Entity record(s) in order for you to be paid or to receive an award or you need to renew your Entity(s) prior to its expiration. SAM will send notifications to the registered user via email 60, 30, and 15 days prior to expiration of the Entity. To update or renew your Entity records(s) in SAM you will need to create a SAM User Account and link it to your migrated Entity records. You do not need a user account to search for registered entities in SAM by typing the DUNS number or business name into the search box. Please attach a copy of your updated or renewed SAM User Account

J. Applicant Agency EIN Number: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity.

Please note that the Government of Guam line agencies that uses the "778904292" DUNS number must use the "980018947" EIN number.

K. Location of Project: If appropriate, identify the location(s) where the project will be implemented.

L. Project Period: Enter the expected starting and completion dates of the project. The time frame is limited to twelve (12) months but not to exceed September 30, 2017.

M. Type of Application: Indicate if this is a new application or a continuation application.

N. Total Project Amount: Enter the total grant cost that the applicant is applying for. Round to the nearest dollar.

O. Other Funding Sources. Indicate whether an application has other funding sources or has been or will be submitted to other funding sources. Provide the funding amount and the source of funding and or the name of the source agency and the funding amount applying for.

P. Project Director: Enter the name, address, e-mail address, telephone and facsimile numbers of the person who will directly responsible for administering the project.

Q. Financial Officer: Enter the name, address, e-mail address, telephone and facsimile numbers of the person who will be directly responsible for the fiscal matters of the project. The Financial Officer and the Project Director should not be the same person.

Part II. Description of Project Contents

This section is the most important part of the application because it not only describes what will be done and who will do it, but it also justifies the need for the project. The information requested in Sections A to I below must be described in detail. Please follow this order in describing the project.

PROBLEM STATEMENT/TARGET POPULATION

Describe the nature and scope of the existing problem, including the present status of activities by the applicant or other law enforcement agencies regarding the problem. This section should clearly justify the reasons why the project is needed.

If this is a continuation project, describe results of previous project period.

The following outline may be used as a guide:

What specific problem(s) and/or target population will the project address? (Example: an increasing incidence of drug trafficking, an increase in domestic violence complaints, an increase in burglary in the village of Dededo, etc.)

What is the scope of the problem?

a. Geographical

Is the problem concentrated in one location or in several with similar characteristics?

Is the problem statewide? Is the project either a statewide or model solution?

b. Criminal Justice System

What segments of the criminal justice system are affected by this problem?

What is the magnitude of the problem?

Include all available pertinent data (e.g., number of arrests, number of agency referrals, caseloads, clearance rates, etc.) as well as any other indicators that further define the problem.

How many people are currently affected by the problem?

How have state agencies dealt with this problem in the past? What were the limitations in that approach?

Why is it important that the problem be addressed at this time?

If this is a continuation project, include a brief statement discussing the current problems in light of previous years' accomplishments.

PROJECT DESCRIPTION

Describe the plan of action that includes a description of the scope and detail of how the proposed project will address the problem identified in the problem statement section of the application. Application will be evaluated as to how effectively it:

Describes the proposed activities and approach to be taken and clearly demonstrates how the identified problem will be addressed. The approach should seem logical.

Discuss the necessary resources that are required to implement the approach or the response outlined in the proposed application. The resources should be reasonable given the scope and detail of the identified approach.

Presents evidence to support the rationale for choosing the approach or response and how it is based on the demonstrated effectiveness of the proposed activity or activities similar to that proposed. The applicant should provide information showing that the approach or response has been shown to be effective or that there is a basis in professional experience to believe it will be effective.

Goal(s)

A goal is the end result toward which an effort is directed. Project goals should be clearly stated and realistic, and limited to a precise statement of the specific project goals and objectives that will help to solve or overcome the problem(s) identified. Vaguely stated goals need to be assessed for determining whether reliable and valid measurement is possible. As a consequence, vague goals affect management's ability to evaluate a project due to the lack of criteria for project effectiveness.

Goals should also be realistic ("achievable"). For instance, reducing the number of recidivism arrests of drug offenders may be an achievable goal, but eliminating recidivism may not be a realistic one, as it is nearly impossible to completely eliminate a problem.

Additionally, goals must be distinguished from the project description itself because it is common to find goals stated in documents that are in fact project activities. For example, making arrests refers to what a multi-jurisdictional task force does, not what it intends to accomplish. The notion of goals should be used in reference to outcomes.

The following may serve as a guide with regard to definition of terms and contents:

A goal may be defined as a general statement of an undesirable condition to be improved or a desired state of affairs toward which to strive. Examples: Crime-oriented (i.e., to reduce the sale and distribution of illicit drugs); System Improvement (i.e., to improve the delivery of substance abuse treatment services to criminal justice clients)

An objective is a specific statement of measurable end condition to be achieved within a stated period of time. Examples: Crime-oriented (i.e., to increase by 20% from the previous fiscal year the number of prescription forgeries detected during the project period); System Improvement (i.e., that 20% of the project participants, who receive substance abuse treatment, will not be rearrested during the project period)

PROJECT OBJECTIVES

Describe the outcomes or changes anticipated as a result of the proposed project. The achievement of the objectives should provide an outcome that reflects a measurable change for the target population due to the services offered by the program. Provide two objectives, with performance measures and baseline numbers that further the goal of the selected Program Area. Application will be evaluated on how effectively it:

clearly identifies project objectives (**measured change as a result of implementing the proposed project**), performance measures (**how you will measure that change, what instruments and/or tools are to be used, etc.**), and any baseline data that exists. The project objectives should reflect an appropriate amount of change anticipated or accomplishments that are logical and clearly linked to the identified problem and the proposed approach/response as discussed in the previous sections of the application.

	<u>OBJECTIVE</u>	<u>PERFORMANCE INDICATOR</u>	<u>BASELINE NUMBER</u>
EXAMPLE	Measure of change that will result from the proposed project during project period.	Information collected to document expected changes.	Number documenting what occurred during the past year.
OBJECTIVE	Increase by 10 the number of crime prevention programs presented to residents in the village of Dededo by December 31, 2010.	The number of crime prevention programs presented in the village of Dededo.	Five crime prevention programs were presented to residents between January 1, 2010 and December 31, 2010.

Project Activities

Program activities are those events that are expected to produce results which meet the stated goals and objectives. The project must have a realistic chance of attaining its specified goals and objectives, if a meaningful assessment of a program's effectiveness is to occur. Therefore, the cause-and-effect relationship between program activities and goals and objectives must be identified and assessed.

Just as objectives are the means by which project goals can be assessed, project activities serve as the vehicle for assessing to what extent objectives are achieved. The clear description of the project activities provides the basis for developing procedures to measure project implementation.

Program activities must be developed within the confines of the project's resources. Consideration must be given to the amount of funds, personnel and time period that is available or can be obtained for use in the project. This should include those resources within the agency that can provide support and assistance toward the project. A realistic determination of resources should eliminate those activities that are impossible to achieve within the scope of the project.

To identify project activities, examine the project's objectives first, and then determine those activities that: (1) are more directly (plausibly) linked to the project's objectives; and, (2) can produce the project's stated objectives. By analyzing these activities, they can be grouped under the project objectives from which they would logically flow. You may note that several of the project activities may be aligned under two objectives. This indicates that an activity has a causal linkage with, or can be expected to produce, both project objectives.

Performance Measures

Performance measures are used to determine the impact of the activities. They provide quantifiable information on the status of achievement for each objective. Performance measures clearly indicate whether or not the objective has been achieved, or, using gradations or increments, measure the degree to which the objective has been accomplished.

In addition to the two performance measures related to jobs and the new [JAG Performance Measures](#) (Refer to Appendix B), you will need to include Guam's performance measures (Refer to State Plan at <http://bsp3.guam.gov/wp-content/uploads/JAG.Strategy.FY2013.pdf>) and your organization performance measures to assess whether grant objectives are being met.

Impact/Outcomes, Evaluation, Sustainment and Description for the Collection of the Data Required for PM

Explain how the program's effectiveness will be demonstrated. Discuss the significance of the program's impact to improve the functioning of the criminal justice system. To effectively assess the results of the project, the applicant should indicate: (1) the process in which the data will be collected (the type of information, method of recording, time frame for collection); (2) specific correlation to the goals and objectives for measurement; and, (3) the individual(s) responsible for the data collection and analysis.

Capabilities/Competencies & Project Partners

Fully describe the applicant capabilities to implement the proposed project successfully and the competencies of the staff assigned to the project. Describe the proposed management structure and project staffing. Include any information that is relevant to the planning of the project. Questions you may wish to answer include: "Who do we need as partners for this project?", "How do we organize all partners to work effectively together?" and "By whom and how will this project be managed?"

Project Timeline and Positions Descriptions

Attach a project timeline with each project goal, related objective, activity, expected completion date, and responsible person or organization. If the project requires the employment of full time or part time personnel, contractual, or other related employment type, indicate the positions to be filled and, the duties or responsibilities of each. Please provide position descriptions for all positions that applicants seeks to fund under this grant.

Budget and Budget Narrative

Provide a comprehensive budget and budget narrative that are complete, allowable, and justified on the proposed project (Refer to Appendix C).

Presents a clear and detailed budget with a narrative that clearly explains and justifies the budget information. The costs of the proposed program and the costs are considered reasonable in view of the types and range of activities to be conducted, the number of participants to be served, and the expected results and benefits.

Timeline and Activities

Describe how project activities and objectives will be reasonably achieved in the given project period. Application will be evaluated as to how effectively it:

Presents a comprehensive, thorough timeline that is well-defined and specifies what will be done, who (individuals and organizations) will do it, and when it will be accomplished. The timeline should be reasonable given the nature of the problem, the target population, and the approach/response discussed in earlier sections of the application. If applicable, include any other deliverables that will be created and/or used throughout the project.

ALLOWABLE COSTS

Introduction

Allowable costs (for all non-Federal entities, other than for-profit entities and hospitals) are those costs consistent with the principles set out in the Uniform Guidance 2 C.F.R. § 200, Subpart E, and those permitted by the grant program's authorizing legislation. To be allowable under Federal awards, costs must be reasonable, allocable, and necessary to the project, and they must also comply with the funding statute and agency requirements. This chapter highlights certain elements of allowable costs. For more information about specific factors that affect whether costs are allowable, refer to 2 C.F.R. § 200, Subpart E, including the list of specific items of cost in 2 C.F.R. § 200.420 through 200.475.

Set out below is additional guidance on cost categories and selected items of cost that are often relevant to DOJ awards.

Compensation for Personal Services

Limit on Use of Award Funds for Employee Compensation

You may not use Federal grant funds to pay cash compensation (salary plus bonuses) to any employee at a rate that exceeds 110 percent of the annual maximum salary payable to a member of the Federal Government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year.

OJP SPECIFIC TIP: With respect to the limitation, compensation for salary plus bonuses are applicable to any award of more than \$250,000.

The 2015 salary table for SES employees is available on the U.S. Office of Personnel Management's 2015 Executive and Senior Level Employee Pay Tables web page.

A recipient may compensate an employee at a higher rate, provided the amount in excess of the limitation is paid with non-Federal funds. For employees who charge only a portion of their time to an award, the allowable amount to be charged to that award is equal to the percentage of time worked on the grant times the maximum salary limit (110% of SES salary).

OJP SPECIFIC TIP: The Assistant Attorney General for OJP (or, for certain awards, the official listed in the applicable program solicitation) may exercise discretion to waive, on an individual basis, the limitation on compensation rates allowable under an award. An applicant requesting a waiver should include a detailed justification in the budget narrative of the application. Unless the applicant submits a waiver request and justification with the application, the applicant should anticipate that OJP will request the applicant to adjust and resubmit the budget. The justification should include the particular qualifications and expertise of the individual, the uniqueness of the service the individual will provide, the individual's specific knowledge of the program or project being undertaken with award funds, and a statement explaining that the individual's salary is commensurate with the regular and customary rate for an individual with his/her qualifications and expertise, and for the work to be done.

FINANCIAL MANAGEMENT TIP: Any additional compensation beyond 110 percent of the U.S. Government SES level will not be considered matching funds where matching requirements apply.

Support of Salaries, Wages, and Fringe Benefits

Charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See 2 C.F.R. § 200.430.

- Charges must be supported by a system of internal controls which provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives.
- In cases where two or more grants constitute one identified activity or program, salary charges to one grant may be allowable after written permission is obtained from the awarding agency.

Financial Management tip: Examples of items that may support salaries and wages can include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records should also reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

Added Work

As a recipient or subrecipient, you may employ a State or local government worker to complete tasks in addition to his or her full-time job, provided the work is performed on the employee's own time and:

- You pay him or her compensation that is reasonable and consistent with that paid for similar work in other activities of State or local government;
- The employment arrangement is approved and proper under State or local regulations (e.g., no conflict of interest); and
- The time and/or services provided are supported by adequate documentation.

Overtime Compensation

Recipient and subrecipient employees should be compensated with overtime payments for work performed in excess of the established work week (usually 40 hours).

- Payment of more than occasional overtime is subject to periodic review by the awarding agency.
- In addition, overtime compensation is typically reviewed during site visits and audits.

Executives, such as the president or executive director of an organization, may not be reimbursed for overtime or compensatory time under grants and cooperative agreements.

Overtime payments are allowable, unless otherwise restricted (i.e. by your federal award or program guidance) only to the extent that payment for such services is in accordance with the policies of the organization. The overtime premiums should be prorated among all jobs or activities and not be charged exclusively to the Federal award unless permitted by the specific program.

Financial Management Tip: In no case is dual compensation allowable. That is, an employee may not receive compensation from his/her organization AND from an award for a single period of time (e.g., 1 to 5 p.m.), even though such work may benefit both activities.

Conferences and Workshops

Allowable costs for conferences may include amounts you pay for the following:

- Conference or meeting arrangements
- Publicity

- Registration
- Salaries of personnel
- Rental of staff offices
- Conference space
- Recording or translation services
- Postage
- Telephone charges
- Travel expenses (this includes transportation and subsistence for speakers or participants)
- Lodging (restrictions apply—please see below)

OJP SPECIFIC TIP: All contracts under an award funded by OJP awards for events that include 30 or more participants (both Federal and non-Federal) must ensure that lodging costs for any number of attendees do not exceed the prevailing Federal per diem rate for lodging. If the lodging rate is not the Federal per diem rate or less, none of the lodging costs associated with the event are allowable costs to the award. As a result, as the recipient, you would be required to pay for all lodging costs for the event with non-award funds, not just the amount in excess of the Federal per diem. For example, if the Federal per diem for lodging is \$78 per night, and the event lodging rate is \$100 per night, you would be required to pay the full \$100 per night, not just the difference of \$22 per night.

Travel

Travel expenses are allowable costs for employees who are in travel status on official business related to the award. These costs must be reasonable and in accordance with the organization's established travel policy. In absence of an established travel policy, the organization must comply with the Federal travel regulations. See 2 C.F.R. § 200.474.

- The DOJ awarding agency reserves the right to determine the reasonableness of an organization's travel policy.
- Subrecipients of States must follow their State's established travel policies.
- If a State does not have an established travel policy, the subrecipient must abide by the Federal travel policy including per diem rates.
- The current travel policy and per diem rate information is available at the Per Diem rates section of the U.S. General Services Administration (GSA) website

Foreign travel is defined as any travel outside of Mexico, Canada and the United States and its Territories and possessions.

- For an award recipient or subrecipient located outside Mexico, Canada and the United States and its Territories and possessions, foreign travel means travel outside that country.
- Prior approval is required for all foreign travel (see Chapter 3.6).

Project Site

The cost of space in privately or publicly owned buildings used for the benefit of the project is allowable subject to the conditions stated below:

- The total cost of space does not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality.
- The cost of space procured for project usage is not charged to the program for periods of non-occupancy without authorization of the grant making component.
- The rental cost for space in a privately owned building is allowable. Rental costs may not be charged to the grant if the recipient owns the building or has a financial interest in the property. However, the cost of ownership is an allowable expense.
- Cost of ownership expenses for a publicly owned building are allowable where "rental rate" systems, or equivalent systems that adequately reflect actual costs, are employed.

- Ownership expenses must be determined on the basis of actual cost (including depreciation based on the useful life of the building, operation and maintenance, and other allowable costs). Where these costs are included in rental charges, they may not be charged elsewhere.
- Rental costs may not be charged for building purchases or construction originally financed by the Federal Government.
- Costs for rental of any property (to include commercial or residential real estate) owned by individuals or entities affiliated with the recipient or subrecipient for purposes such as the home office workspace, are unallowable. The costs of related utilities are also unallowable.

The cost of utilities, insurance, security, janitorial services, elevator service, upkeep of grounds, normal repairs and maintenance, and the like are allowable to the extent they are not otherwise included in rental or other charges for space.

Costs incurred for rearrangement and alteration of facilities required specifically for the award program, or that materially increase the value or useful life of the facility, are allowable when specifically approved by the awarding agency. See 2 C.F.R. § 200.462.

Depreciation or use allowance on idle or excess facilities is NOT ALLOWABLE, except when specifically authorized by the Federal awarding agency. See 2 C.F.R. § 200.446.

The cost of space procured under rental-purchase or a lease-with-option to purchase agreement is allowable when specifically approved by the awarding agency. This type of arrangement may require application of special matching share requirements under construction programs.

Printing

The cost of electronic and print media, including distribution, promotion, and general handling, are allowable. If these costs are not identifiable with a particular project or cost activity, the costs should be allocated as indirect costs to all benefiting activities of the organization.

Pursuant to the Government Printing and Binding Regulations, no project may be awarded primarily or substantially for the purpose of having material printed for the awarding agency. The Government Printing and Binding Regulations allow:

- The issuance of a project for the support of non-Government publications, provided such projects were issued pursuant to an authorization of law, and were not made primarily or substantially for the purpose of having material printed for the awarding agency.
- The publication of findings by recipients/subrecipients within the terms of their project provided such publication is not primarily or substantially for the purpose of having such findings printed for the awarding agency.

See 2 C.F.R. § 200.461.

Publication

For OVW recipients, Publication guidance is available [here](#).

Guidance for publication costs is set out in 2 C.F.R. § 200.461. To be considered allowable, publication costs must be incurred for work done according to a process that the recipient has described in writing. This process should include writing, editing, and preparing the illustrated material (including videos). Alternatively, it may include only the internal printing requirements from the recipients/subrecipients in accordance with the terms of the project.

- DOJ has authorized any recipient or subrecipient employee to make or have made by any means available to him

or her, without regard to the journal copyright and without royalty, a single copy of any such article for his or her own use. Postaward Requirements

Recipients are encouraged to make the results and accomplishments of their activities available to the public. Recipients publicizing project activities and results must adhere to the following parameters:

- Responsibility for the direction of the project activity should not be ascribed to the grant-making component.
 - The publication must include the following statement: “The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice or grant-making component.”
 - The publication must not convey DOJ’s official recognition or endorsement of the recipient’s project simply based on having received funding.
 - Recipients may file a separate application with the grant-making component requesting official recognition.
- In all materials publicizing or resulting from award activities, you must acknowledge awarding agency assistance.

An acknowledgement of support shall be made through use of the following or comparable footnote:

- **“This project was supported by Award 2015MUBX1031 awarded by the Bureau of Justice Assistance, Department of Justice.”**

- You and any subrecipient are expected to publish or otherwise make widely available to the public, as requested by the awarding agency, the results of work conducted or produced under an award.
- All publication and distribution agreements with a publisher must include provisions giving the Federal Government a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use the publication for Federal Government purposes (see Chapter 3.7). The agreements with a publisher should contain information on the awarding agency requirements.
- Unless otherwise specified in the award, recipients/subrecipients may copyright any books, publications, films, or other copyrightable material developed or purchased as a result of award activities. Copyrighted material will be subject to the same provisions giving the Federal Government a license as described above.
- Recipients/subrecipients are permitted to display the official awarding agency logo in connection with the activities supported by the award, with the prior approval of the awarding agency. In this respect, the logo must appear in a separate space, apart from any other symbol or credit.
- The words “Funded/Funded in part by DOJ” shall be printed as a legend, either below or beside the logo, each time it is displayed. Use of the logo must be approved by the awarding agency.
- You shall submit a publication and distribution plan to the awarding agency before materials developed under an award are commercially published or distributed.

- The plan must include a description of the materials, the rationale for commercial publication and distribution, the criteria to be used in the selection of a publisher, and—to assure reasonable competition—the identification of firms that will be approached.
- Recipients/subrecipients must obtain prior agency approval of this plan for publishing project activities and results when it uses Federal funds to pay for the publication.

Duplication

If recipients/subrecipients need to duplicate less than 5,000 units of only one (1) page, or less than 25,000 units in the aggregate of multiple pages, of its findings for the awarding agency, DOJ will not consider this duplication to constitute printing primarily or substantially for the awarding agency (e.g., 5,000 copies of 5 pages, etc.). Duplicated pages may not exceed a maximum image size of 10% by 14% inches.

Other Allowable Costs

- Recipients can expense costs associated with software development in the period the costs are incurred, subject to the limits outlined in the budget and budget narrative.
- Recipients may not use an accelerated method to calculate depreciation without clear evidence indicating that the expected consumption of the asset will be significantly greater in the early portion than in the later portion of its useful life.
- Post-employment benefits are allowable costs if funded in accordance with actuarial requirements.
- In accordance with 2 C.F.R. § 200.428, costs incurred by a non-Federal entity to recover improper payments are allowable as either direct or indirect cost, as appropriate.

CONFERENCE APPROVAL, PLANNING, AND REPORTING

Introduction

The purpose of this section is to provide guidance to OJP/COPS Office grantees (including cooperative agreement recipients and subrecipients) and contractors that conduct training sessions, meetings, or conferences.

For purposes of this chapter (OJP/COPS Office Conference Approval, Planning, and Reporting) references to “contractor” means a Federal contractor, unless context indicates otherwise. [Click here to sign up for email notifications for any changes to the Conference Cost Policy pages: Email Notification \(Click to Subscribe\)](#)

What’s New

Conference Policy Last Updated March 18, 2013

- ***“When No Prior Approval is Required” page published with checklist to help recipients determine which events are exempt from the prior approval process.***
- ***Guidance on application of indirect cost rates to conference costs.***
- ***New FAQs.***
- ***Delinquent reports may result in a hold on remaining award funds.***

Policy Overview

All conferences (defined broadly to include meetings, retreats, seminars, symposia, events, and group training activity) conducted by cooperative agreement recipients or contractors funded by OJP/COPS Office must receive written prior approval. An approved award budget is not a prior approval. All prior approval requests for conferences costing \$100,000 or less and not exceeding any cost thresholds must be submitted a minimum of 90 days in advance of the start date. All conferences costing more than \$100,000 or exceeding any one cost threshold must be submitted a minimum of 120 days in advance of the start date. See the Prior Approval Required section for more information.

In addition, cooperative agreement recipients and contractors conducting conferences that cost more than \$20,000 must report actual conference expenses within 45 days after the last day of the event. See the PostEvent Reporting section for more information.

No hotel/venue or audio-visual contracts may be entered into before such prior approval has been obtained in writing from OJP/COPS Office.

Grants

Conferences conducted by grant recipients do not require prior approval. However, grant recipients must ensure compliance with the food/beverage, meeting room/audio-visual, logistical planner, and programmatic planner limitations and cost thresholds. (Note – if you do not have a “K” in the last 4 characters of your award number,

your award is a grant.)

Cooperative Agreements

Cooperative agreement recipients must receive written prior approval for all conferences. Cooperative agreement recipients may not proceed with a conference until appropriate approval has been received, must comply with the approval process regarding logistical conference planning (see section on logistical conference planning), and must keep their program manager informed of all decisions being made during the conference planning process. (Note – if you have a “K” in the last 4 characters of your award number, your award is a cooperative agreement.)

Contracts

Contract recipients must receive written prior approval for all conferences.

Cost Thresholds

Cost thresholds and limitations are in place for the following items:

- Meeting room/audio-visual services (lesser of \$25 per day per attendee or \$20,000)
- Logistical planners (lesser of \$50 per attendee or \$8,750)
- Programmatic planners (lesser of \$200 per attendee or \$35,000)
- Food and beverage (generally not allowed)
- Refreshments (generally not allowed)

While there are exceptions to these thresholds and limitations, they are rare and require extraordinary justification as well as approval outside and above OJP/COPS Office. See the Conference Costs and Prior Approval Required sections for more information.

Definitions

The following definitions pertain specifically to conference costs. Additional definitions can be found in the Glossary of Terms, Appendix 5.2. See 41 C.F.R. § 300-3.1 for a glossary of travel terms.

Agenda means a formal agenda that provides a list of all activities that shall occur during the event, using an hour-by-hour timeline. It must specifically include the times during the event when food and/or beverages will be provided.

Conference is defined broadly, and includes meetings, retreats, seminars, symposia, and training activities. See 2 C.F.R. § 200.432 for general cost principles that apply to conferences.

■ A conference typically is a prearranged formal event with at least some of the following characteristics: designated participants and/or registration; a published substantive agenda; and scheduled speakers or discussion panels on a particular topic.

■ A conference typically is not a routine operational meeting, a law enforcement operation or prosecutorial activity in connection with a specific case or criminal activity, a testing activity, or a technical assistance visit. Please refer to the definitions of these set out below to decide whether your event requires prior approval and reporting under this guidance.

Conference costs and conference expenses mean all costs using DOJ funds associated with planning, hosting, sponsoring, or otherwise holding any conference, including all of the categories of costs listed below:

- Conference meeting space (including rooms for breakout sessions)

- Audio-visual equipment and services
- Printing and distribution
- Meals provided at the event (generally unallowable)
- Refreshments (generally unallowable)
- Meals and incidental expenses (M&IE portion of per diem)
- Lodging
- Air travel to/from conference
- Local transportation (e.g., rental car, privately owned vehicle to-and-from-the airport, taxi)
- Logistical conference planner
- Programmatic conference planner
- Trainers, instructors, presenters, or facilitators
- Other costs which must be identified individually
- Staff time associated with planning and holding the conference
- Indirect costs/overhead rates applied to direct costs associated with the conference (In accordance with negotiated agreements, all indirect costs associated with a conference must be applied to the above categories as appropriate and reported as conference costs.)

Law enforcement operation means events that involve staging (as well as victim service provider staging related to a law enforcement operation), surveillance, investigation, intelligence, and undercover activities, and other activities directly related to active law enforcement operations. For example:

- A meeting between the police department and local trafficking service providers related to an impending raid on a labor trafficking site would be a law enforcement operation.
- However, a conference about human trafficking that brought together the police department and local trafficking service providers to train, discuss their overall trafficking initiatives, and develop professional relationships, would not be a law enforcement operation.

A **routine operational meeting** typically does not have a formal published agenda, scheduled speakers, or discussion panels, and is defined as an event where the:

- Primary focus is the recipient's day-to-day operations and concerns (e.g., staff meetings, all hands meetings);
- Attendees overwhelmingly are internal to the organization holding the meeting; and
- Answer to all ten questions on the checklist on the No Prior Approval Required page is "No."

Technical assistance visit means travel by an individual or a small group of grantee/contractor staff members or consultants to provide training or technical assistance to a particular entity, where there are no costs to DOJ funds for meeting rooms, conference planning, or trinkets. Reasonable travel costs (lodging, transportation, local transportation, audio-visual, printing, and meals and incidental expenses [M&IE]) for technical assistance staff may be reimbursed.

Testing activity means an event where the primary purpose is to evaluate an individual's qualifications to perform certain duties necessary to perform his or her job. The most common examples include events held for firearms and weaponry proficiency testing and certifications. A majority of the event must be devoted to the administration and taking of the test. An event that includes testing that is merely incidental to the event, or where such testing is given upon the completion of the event to evaluate the event or determine participation in the event, is not a testing activity.

Federal facility means property or building space owned, leased, or substantially controlled by the Federal Government or the government of the District of Columbia.

Non-Federal facility is any facility that is not a Federal facility. State and local facilities are considered "nonfederal

facilities”. For further clarification see 5 U.S.C. § 4101(6).

Logistical conference planners perform the logistical planning necessary to hold a conference, which may include: recommending venues, advertising, setting the stage and arranging for audio-visual equipment, securing hotel rooms, interacting with caterers, and other non-programmatic functions.

Programmatic conference planners develop the conference agenda, content, and written materials. They may also identify and/or provide appropriate subject matter experts and conference participants.

Total Costs are defined as direct and indirect costs.

Per Attendee means all attendees, federal and non-federal.

Subaward/Subcontract includes any agreement under which the award recipient outsources work, goods, or services related to the conference; indirect cost rates may only be allocated to the first \$25,000 of each such agreement. See 2 C.F.R. § 200.330; 2 C.F.R. § 200 Appendix III C.2 (IHE); 2 C.F.R. § 200 Appendix IV. B.2.c (non-profits); and 2 C.F.R. § 200 Appendix VII C.2.c (State and local).

No Prior Approval Required

Prior approval is not required for the following types of award recipients and/or activities.

Grantees Who Do NOT Have a Cooperative Agreement Type of Grant Award

Reasonable conference-related activity costs are allowable uses of OJP/COPS Office funding as long as the grant budget has been approved by OJP/COPS Office. Meals, refreshments, and trinkets generally are not allowable.

■ OJP/COPS Office does not require non-cooperative agreement grantees to obtain additional prior approval from OJP/COPS Office for specific conference costs.

■ Cost limits apply. Even though prior approval of most conference costs by OJP/COPS Office is not required, OJP/COPS Office expects grantees to make every effort to stay within the cost limitation thresholds on meeting space, audio-visual equipment/services, and conference planning, as set out in this guidance. Where grantees plan to exceed (or do exceed) these cost limitations, they must maintain adequate documentation that such costs were reviewed by the grantee through some internal process, and that the costs were determined to be justified by the grantee. This documentation will be subject to review during monitoring and audits.

ACTION ITEM: In very limited circumstances, grantees may seek prior approval for an exception to provide meals, refreshments, or trinkets with grant funds. OJP/COPS Office rarely approves such requests.

Operational Meetings and Technical Assistance

In response to questions regarding what qualifies as operational meetings and technical assistance visits, OJP/COPS Office developed a checklist to alleviate some of the uncertainty regarding whether an event requires prior approval. Incorporated onto the top of Sheet A of the Conference & Events Submission Form are ten questions.

If the answers to all of the ten questions are “No,” the event does not require prior approval:

1. Is the cost of the event greater than \$20,000?
2. Are there meeting room costs?
3. Are audio-visual costs greater than \$25 per attendee or more than \$1,000 in total?
4. Are there any food and beverage costs?
5. Did the request for the meeting come from multiple jurisdictions or agencies?
6. Do the participants represent multiple agencies that are not co-located or joined by an agreement (e.g., task

force with MOU)?

7. Are there trinkets being purchased?
8. Is there a formal published agenda?
9. Are formal discussions or presentation panels planned?
10. Are there logistical planning costs beyond incidental internal administrative costs necessary to arrange travel and lodging for a small number of individuals?

The above checklist should be utilized to assist with questions regarding the definition and differences between technical assistant visits and trainings. If the answers to the above questions for an event are all “No” it does not require prior approval.

Law Enforcement Activity

Events that involve staging (as well as victim service provider staging related to a law enforcement operation), surveillance, investigation, intelligence, and undercover activities, and other activities directly related to active law enforcement operations, do not require prior approval.

Training or Speaking at a Non-DOJ-Sponsored Conference

Providing training at or speakers for a non-DOJ-sponsored conference, but not contributing to overall conference planning or costs is generally considered a technical assistance event. These events do not require prior approval if the answer to all the following questions is “No”:

1. Is the cost of the event greater than \$20,000?
2. Are there meeting room costs that will be paid for with DOJ federal or match funds?
3. Are the audio-visual costs (if any) greater than \$25 per attendee or more than \$1,000 in total for this specific event?
4. Are there any food and beverage costs that will be paid for with federal funds? (does not include per diem reimbursements to grantee staff or consultants)
5. Are there logistical planning costs beyond incidental internal administrative costs necessary to arrange travel and lodging?
6. Is any other type of participation being provided in the event (e.g., exhibit booth sponsorship, overall conference sponsorship, sponsorship or provision of non-workshop good/services)?

Note: Providing multiple speakers to a conference (generally exceeding \$20,000 in total costs) or providing other types of direct or indirect support (e.g., sponsoring an exhibit booth using federal funding) that offsets the costs of the non-DOJ sponsored conference hosted by a third-party may be considered a federally-funded “sponsor,” which some may construe as OJP/COPS Office-sponsorship of the overall conference. For these reasons, OJP/ COPS Office may require these types of situations be approved as a “DOJ-sponsored” event, on a case by case basis.

Testing Activity

The primary purpose is to evaluate an individual’s qualifications to perform certain duties necessary to his or her job. The majority of the event must be devoted to the administration and taking of the test. The most common examples include events held for firearms and weaponry proficiency testing and certification. An event that includes testing that is merely incidental to the event, or where such testing is given upon the completion of the event to evaluate the event or determine participation in the event, is not a testing activity.

Video Conferences and Webinars

Webinars and video conferences do not require prior approval if there are no costs for logistical conference planning or for Government-provided food or beverages.

Prior Approval Required

Prior approval is required for the following types of award recipients and/or activities.

Grantees Who Have a Cooperative Agreement Type of Grant Award

Cooperative agreement recipients must seek and obtain OJP's/COPS Office's prior written approval for each event held with OJP/COPS Office funds, and for all conference costs associated with that event that are paid by OJP/COPS Office funds.

- No conference (regardless of the number of attendees) can proceed, nor can conference-related contracts (e.g., hotel contracts and travel arrangements/reservations) be signed, or conference implementation funding be obligated/work authorized (whether performed by cooperative agreement staff or outside staff), until the cooperative agreement recipient has obtained DOJ's approval in writing.
- Approval of the overall cooperative agreement proposal or budget does not grant prior approval to use federal funds for events anticipated in the budget.
- The reasonable minimal costs of identifying conference locations and developing the itemized cost estimates required to assemble and submit a conference cost approval request are allowable without prior approval by OJP/COPS Office. However, cooperative agreement recipients should work with the relevant program office to ensure that any costs authorized are reasonable and minimal.
- Those entities with conference planning contracts providing support for planning as well as implementation logistics should only authorize the tasks absolutely necessary to identify the most cost-effective conference locations/services, and to prepare and negotiate cost proposals for submission to DOJ.

Contracts

Contractors must seek and obtain OJP's/COPS Office's prior written approval for each event held with OJP/ COPS Office funds, and for all conference costs associated with that event that are paid with OJP/COPS Office funds.

Timing of Requests for Prior Approval

Event Parameters	Mandatory Timeframe for Prior Approval Request
Conferences costing <u>\$100,000 or less, and not exceeding any cost thresholds</u> (conference space & audio-visual equipment/services, logistical conference planner, and programmatic conference planner)	Requests must be submitted to OJP/COPS Office 90 calendar days in advance of the earliest of the following: <ul style="list-style-type: none">• Start date of the conference;• Deadline for signing conference-related contracts, or• Obligation of funds for conference costs (except for minimal costs required to assemble and submit the approval request.)
Conferences costing over \$100,000, or exceeding any one cost threshold (conference space & audiovisual equipment/services, logistical conference planner, or programmatic conference planner)	Requests must be submitted to OJP/COPS Office 120 calendar days in advance of the <u>earliest</u> of the following: <ul style="list-style-type: none">• Start date of the conference;• Deadline for signing conference-related contracts, or• Obligation of funds for conference costs (except for minimal costs required to assemble and submit the approval request).

ACTION ITEM: OJP/COPS Office may, at its sole discretion, consider prior approval event requests that are submitted late, but cannot assure that such requests will receive a decision in time to avoid having to cancel the conference (particularly if there are any issues that arise with specific items of cost in the request). Cancellation costs associated with conferences that are submitted for late prior approval may be determined to be unallowable costs by OJP/COPS Office.

Submitting an Event Request

All cooperative agreement and contract recipients must complete the Conference & Events Submission Form and obtain OJP's/COPS Office's prior written approval for each event held with OJP/COPS Office funds. Each submission must contain all the applicable information (e.g., start date, end date, conference planner, M&IE) to assist in a thorough review. The recipient must provide justification where required by the form. If additional space is needed, please add a tab to the form. All supporting documentation should be embedded and included within the spreadsheet file. This ensures one file per submission, reduces the number of questions, and reduces the possibility of necessary information getting lost or separated from the main submission file. Note: Supporting calculations and agendas (submitted on a separate tab) must be included in all submissions.

To obtain a blank copy of the form at the following website address:

http://ojp.gov/financialguide/DOJ/pdfs/Instructions_for_Submitting_Blanket_Request.pdf

Submitting a Blanket Request

A Conference & Events Submission Form may be completed to host a series of the same or similar pre-arranged events containing multiple delivery dates scheduled to take place within the same fiscal year. The recipient must first estimate the average cost of each event and select the highest cost from each event to complete the submission form. Click here to obtain instructions for submitting a blanket request.

Submit completed prior approval requests on the Conference & Events Submission Form to the following email addresses:

Bureau of Justice Assistance (BJA): BJAConferenceReport@usdoj.gov

All other OJP Bureaus and Offices: OJPConferenceCosts@ojp.usdoj.gov

COPS Office: COPSConferenceCosts@cops.usdoj.gov

Prior Approval Submission Issues

■ The conference has not occurred and additional costs have been identified.

- If additional costs not represented in the submitted prior approval request are estimated to exceed 10% and \$1,000 of the original prior approval amount in any conference cost category or in total, the contractor/ cooperative agreement recipient should submit an amended conference request form containing the new amounts for prior approval.
- If the conference now exceeds \$100,000 in total costs, or if any cost category thresholds are exceeded, additional review is required beyond OJP/COPS Office. The new request for prior approval should be submitted 120 days prior to the conference date. If the resubmission is outside of that timeframe, OJP/ COPS Office may not have adequate time for the review and approval process.

■ Conference was not approved in advance.

- If the conference has occurred without advance approval, the contractor/cooperative agreement recipient must submit the required conference approval form with detailed justification as to why the event was not submitted for advance approval. The conference approval form must be reviewed/approved by the bureaus and program offices. OJP/COPS Office may, in its sole discretion, consider approving the event retroactively. If OJP/COPS Office considers costs ineligible for approval, the costs will be unallowable.

■ Cost estimates.

- Cooperative agreement and contract recipients must provide detailed cost estimates for each conference cost category (e.g., lodging rate per attendee, itemized audio-visual cost, transportation). Cost comparisons should be conducted to minimize costs of contracts for services, unless a specific provider is required by a facility. See Location Selection for a discussion of facility and venue selection.

Determining Costs

When determining the total cost of a DOJ-funded conference, all costs incurred by the recipient under the award must be included (see specific categories below).

■ Actual or estimated costs.

- Recipients must provide actual costs where possible, but may provide estimates for purposes of submitting requests for prior approval. For post-event reporting, actual costs must be provided.

■ Co-sponsors.

- Costs covered by non-DOJ co-sponsors are not subject to the conference cost limits and restrictions, do not require prior approval by OJP/COPS Office, and do not have to be reported as part of the DOJ funded event. Such co-sponsor funding generally is not considered program income.

■ Program income/fees.

- Conference costs covered by program income (for example, from conference fees) are not subject to the conference cost thresholds and restrictions, do not require prior approval by OJP/COPS Office, and do not have to be reported as part of the DOJ-funded event. For purposes of overall conference prior approval, however, if program income will be used to offset a conference cost line item, please demonstrate that in the supporting calculations. Also ensure that any agendas with meals or refreshments funded by program income or other non-DOJ funding are clearly labeled as not funded by DOJ. Recipients that are permitted to charge fees, or otherwise generate program income, must account for those funds up to the same ratio of Federal participation as funded in the project or program. Example: A discretionary award project funded with 100% Federal must account for and report on 100% of the total program income earned. If the total program income earned was \$20,000, the recipient must account for and report the \$20,000 as program income on the Federal Financial Report (FFR), SF-425.

■ Individual purchases.

- Individual purchases of goods or services by attendees of the conference at the conference location are not considered to be “conference fees.” An independent contractor (e.g., hotel, vendor), without any federal involvement whatsoever, may collect fees from recipients to cover the costs of specific goods or services that cannot be purchased with federal funding or are otherwise not approvable, so long as the good or service is not prohibited (e.g., alcoholic beverages). These fees are not considered program income and should only be collected to offset the costs incurred.

■ Ticketed events.

- Related to individual purchases, a recipient may hold a session where attendees have the option of purchasing a meal or refreshment directly from the hotel (a “ticketed event”). A recipient may communicate the availability of such a session to conference attendees, and as long as the recipient is not involved in the collection of the fees, the fees are not considered program income. The costs for services provided by the independent vendor with such fees are not subject to the conference cost thresholds and restrictions, do not require prior approval by OJP/COPS Office, and do not have to be reported as part of the DOJ-funded event.

■ Attendee costs.

- For prior approval and reporting purposes, a cooperative agreement recipient must report all costs of

attendance supported by the award, including conference scholarships where that recipient administers the scholarships. (When determining overall conference costs, OJP/COPS Office may supplement the recipient's data with available data on attendance costs related to DOJ employees, and non-DOJ attendees whose attendance is supported by scholarships administered by an entity other than that primarily responsible for planning and/or hosting the conference.)

Event Planning Guidance

Minimize Costs Where Possible

All OJP/COPS Office funding recipients must thoroughly review all planned conference costs to ensure that such costs are reasonable and absolutely necessary. **Every effort should be made to conduct conferences via webinar, teleconference, or video conference.** In-person, face-to-face conferences should only be held when necessary and no other option exists to conduct the business without travel and related costs. Note: Your submission should include a statement discussing why the event cannot be conducted via webinar, teleconference, or video conference. This can be done on a separate tab on the Conference & Events Submission form.

Location Selection

■ Cost comparisons.

- All funding recipients should conduct pricing comparisons of multiple facilities in multiple locations. Minimizing costs must be a critical consideration when determining the city and facility in which to hold a conference. Cost comparisons should include the following:
 - Overall facility cost;
 - Availability of lodging at per diem rates;
 - Convenience of location;
 - Availability of meeting space, equipment, and supplies, and
 - Commuting/travel distance for attendees.

In conducting cost comparisons of facilities, recipients should send the same detailed requirements to all potential facilities, and refrain from making commitments to any particular facility until the comparison is complete (and written approvals have been obtained).

■ Location.

- Recipients should compare multiple locations.
 - Cooperative agreement and contract recipients must consider multiple locations (i.e., multiple cities). Where cooperative agreement and contract recipients consider only facilities in one city, they must include in their request for approval a written justification for that location.
 - Grant recipients should consider multiple locations, and should maintain written documentation justifying their decision to select the chosen location in the event of a future audit.

■ Facility.

- Recipients should compare three or more facilities in a location. Facilities in the comparison should have given a positive response/quote and be able to accommodate the event as detailed in the requirements.
 - Federal facilities or no-cost facilities preferred. Recipients must make every effort to use no-cost facilities, including available governmental facilities, to the extent practicable. (See links to two different listings of federal facilities at the end of this chapter under Resources.) Grantees may use non-federal facilities. Grantees are not required to consider or use federal facilities, but are encouraged to do so where feasible.
 - Non-federal facilities. If no federal facility is available, or the federal facility would be more costly or otherwise does not meet the requirements of the event, a cooperative agreement or contract recipient may use a non-federal facility. Grantees may use non-federal facilities. Grantees are not required to consider or use federal facilities, but are encouraged to do so where feasible.

- Primarily federal events. If the conference attendees will be primarily federal employees (more than 50%, based on a reasonable estimate), recipients may be required to submit additional justification for a nonfederal facility, and should contact their OJP/COPS Office point of contact for additional information.

■ Appearance considerations.

- Conference planners must exercise special care when considering holding a conference in any location that may give rise to appearance issues. Conference planners must ensure that the choice to hold a conference in such a location is made only when there is a determination that it is the most cost-effective option.

Conference Fees

Grant and cooperative agreement recipients may charge fees to cover part or all conference costs if prior approval from the awarding agency is obtained. Such fees are considered program income and are subject to the rules applicable to program income (see Chapter 3.4 Program Income).

Conference Planning Services and Staff Time

All cooperative agreement and contract recipients (but not grant recipients) must obtain prior written approval from OJP/COPS Office before incurring conference planning costs in accordance with the previously described approval process, except for such costs that are the reasonable minimal costs of identifying conference locations and developing the itemized cost estimates required to assemble and submit a conference cost approval request. This requirement applies whether the work is performed by the recipient's staff or subcontracted out.

■ In-house versus subcontracted planning.

- Recipients often provide conference planning services either through their own staff and resources, or through contracted external conference planners. Minimizing costs must be a critical consideration in this decision.
- Recipients often are selected based on their ability to provide programmatic conference planning services (e.g., developing the conference agenda), but may also need to undertake logistical planning functions as well. In some cases, such logistical planning functions (e.g., negotiating hotel contracts, sending invitations, managing registration) may be performed at lower cost by a logistical planning service, which may be able to charge lower rates than the funding recipient for staff time, and may be more experienced in negotiating hotel and other necessary conference-related contracts.
- Generally, a recipient should consider procuring logistical conference planning services when it does not have in-house expertise in such logistical planning, and when such services would result in lower overall costs to the Federal Government.

■ Cost limits.

- All conference planner costs must be reasonable for the scale of the conference. Cooperative agreement and contract recipients providing conference planning, either in-house, or through subcontracted planning services, must adhere to the following cost limits:
 - *Logistical conference planners* perform the logistical planning necessary to hold a conference, which may include: recommending venues, advertising, setting the stage and audio-visual equipment, securing hotel rooms, interacting with caterers, and other non-programmatic functions. The cost of logistical conference planners may not exceed \$50 per attendee, not to exceed \$8,750. For example, if the number of attendees at a 2-day conference is 100, the maximum cost allowed for a logistical planner is \$5,000 (\$50 x 100 attendees). Logistical planning costs anticipated to exceed this amount require additional justification and approval prior to incurring the costs.
 - *Programmatic conference planners* develop the conference agenda, content, and written materials. They may also identify and/or provide appropriate subject matter experts and conference participants. The cost of programmatic conference planners may not exceed \$200 per attendee, not to exceed \$35,000. For example, if the number of attendees at a 2-day conference is 100, the

maximum cost allowed for a logistical planner is \$20,000 (\$200 x 100 attendees). Programmatic planning costs anticipated to exceed this amount require additional justification and approval prior to incurring the costs.

Conference Cost Categories

The following cost categories relating to conferences and events are items included on the Conference & Events Submission Form.

Meeting Rooms and Audio-Visual

- Total cost limit, \$25 per day per attendee, not to exceed \$20,000.
 - The cost allowed for conference space and audio-visual equipment and services is limited to \$25 per day per attendee not to exceed a cumulative total cost of \$20,000. Total costs are defined as direct and indirect costs. Costs in excess of these established limits require additional justification and approval outside of OJP/COPS Office.

Printing

Every effort should be made to provide conference materials to participants electronically or via print-on demand services/options. Printed materials should maximize paper usage (printing on both sides) and minimize higher cost options (color printing) where possible.

Meals and Refreshments

- Generally unallowable.
 - Meals and refreshments are generally not allowable costs for conferences funded under OJP/COPS Office awards, unless the recipient obtains written prior approval from OJP/COPS Office. This applies to all awards, including contracts, grants, and cooperative agreements. In general, DOJ may approve such costs only in cases where:
 - Sustenance is not otherwise available (e.g., extremely remote areas);
 - The size of the event and nearby food/beverage vendors would make it impractical to not provide meals and/or refreshments; or
 - A special presentation at a conference requires a plenary address where there is no other time for sustenance to be obtained.
 - Water provided at no cost to the OJP/COPS Office award is, of course, allowable without prior approval.
- Cost limits on meals.
 - If prior approval is obtained to provide food and/or beverages at an event, the DOJ and its grantees, cooperative agreement recipients, and contractors must all follow the limits in the Food and Beverage Policy on meals.

Meals and Incidental Expenses Reimbursement

- Deduction of meals from requests for Meals and Incidental Expenses reimbursement (M&IE).
 - All conference attendees must ensure that any provided meal is deducted from their claimed M&IE. For example, if lunch is provided, the recipient must deduct the value of the lunch from the amount of M&IE claimed (even if non-DOJ funds are used to provide the meal). The General Services Administration (GSA) M&IE breakdown can be found on the GSA website.

Lodging

- Federal per diem rates preferred.
 - OJP/COPS Office is aware that some DOJ funding recipients may have received a DOJ memorandum

entitled Restrictions on Per Diem Rates for Attendance at Conferences, dated April 27, 2012. At this time, the referenced memorandum only applies to DOJ (Federal) personnel; however funding recipients should anticipate that staying within Federal per diem rates is strongly preferred and OJP/COPS Office will not likely approve grantee requests for waivers to the Federal per diem rate, or cooperative agreement recipient's organizational per diem rate (whichever is applicable).

- Refer to Chapter 3.9 allowable Costs for more guidance on travel costs.

Transportation

Include all costs, including baggage fees, related to common carrier transportation to and from the conference location paid with OJP/COPS Office funds.

Local Transportation

Include rental car, mileage to-and-from the airport or the conference (if local), and taxi charges.

Logistical Conference Planner

- The total cost limit is \$50 per attendee or \$8,750, whichever is lower.
- Cooperative agreement recipients should include all staff time related to logistical planning in this category and should be able to track these costs separately in their accounting records. All contracted, subcontracted, or subawarded logistical planning costs should also be included in this category. Total costs are defined as direct and indirect costs. Costs in excess of the established limits require additional justification and approval outside of OJP/COPS Office.

Programmatic Conference Planner

- The total cost limit is \$200 per attendee or \$35,000, whichever is lower.
- Cooperative agreement recipients should include all staff time related to programmatic planning in this category and should be able to track these costs separately in their accounting records. All contracted, subcontracted or subawarded programmatic planning costs should be also be included in this category. Total costs are defined as direct and indirect costs. Costs in excess of the established limits require additional justification and approval outside of OJP/COPS Office.

Conference Facilitator/Trainer/Instructor/Presenter

Include all trainer and speaker fees. If the fee exceeds the maximum consultant rate, please include a copy of the consultant rate approval with the Conference & Events Submission Form on one of the available extra tabs. Also include a copy of the agenda (a draft version is acceptable) in one of the available tabs with the prior approval submission.

Other

All "Other" costs must be itemized on the Conference & Events Submission Form. Detailed descriptions and justification of the other cost line items must be provided in the additional tabs.

Indirect Rate Costs

Indirect costs associated with the direct costs necessary to plan and hold a conference must be included in all conference cost reporting. The submission form contains a column allowing for the allocation of indirect rate cost to each category.

Cooperative agreement recipients should pay particular attention to the two areas listed below to ensure that the

application of indirect cost rate is in compliance with the existing requirements of the Government-wide grant rules set out by the Office of Management and Budget (OMB):

\$25,000 Subcontract/Subaward Limitation. Indirect cost rates negotiated on the basis of modified total direct costs may only be applied against the first \$25,000 of any subcontract or subaward under the agreement. This limitation must be applied to all conference-related subcontracts and subawards. For purposes of this chapter, a subcontract or subaward is any agreement under which the awardee outsources work, goods, or services related to the conference, including those with hotels and travel agents. See 2 C.F.R. § 200, Appendix III.C.2 (Indirect costs - IHE); 2 C.F.R. § 200, Appendix IV.B.2 c (Indirect costs - non-profits); or 2 C.F.R. § 200, Appendix VII.C.2.c (Indirect costs - State and Local).

Participant Support Costs. Participant support costs are generally excluded from the distribution base. Therefore, indirect costs may not be applied against participant support costs. Participant support costs are direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with meetings, conferences, symposia, or training projects. See 2 C.F.R. § 200.75. This exclusion applies to the entirety of any subcontracts for the lodging and travel of conference participants or trainees (but not employees).

Costs related to contractors of the recipient who are acting in the capacity of a “Conference Trainer/Instructor/Presenter/Facilitator” are considered participant support costs.

Gifts/Trinkets/Memorabilia/Commemorative Items

Trinkets (items such as hats, mugs, portfolios, t-shirts, coins, gift bags, etc., regardless of whether they include the conference name or OJP/COPS Office logo) must not be purchased with DOJ funds as giveaways for conferences. Basic supplies that are necessary for use during the conference (e.g., folders, name tags) may be purchased.

Post Event Reporting

All conference costs for events held by cooperative agreement recipients or contractors costing more than \$20,000, or where more than 50% of attendees are DOJ employees, must be reported within 45 calendar days after the last day of the event.

Cooperative agreement recipients and contractors must submit the completed Conference & Events Submission Form showing the prior approval amounts compared to the actual costs and explain all variances greater than 10% and \$1,000. Completed reports for OJP recipients should be emailed to OJPConferenceCostReporting@ojp.usdoj.gov, and completed reports for the COPS Office should be emailed to COPSConferencecosts@cops.usdoj.gov.

If the pre-approved costs were exceeded by more than 10% and \$1,000, the contractor or cooperative agreement recipient should submit a detailed explanation with their post event Conference & Events Submission Form to support the additional costs.

The following situations and costs require additional explanation and will be considered unauthorized until OJP/COPS Office has reviewed the additional documentation:

- If the prior approval cost category contains no cost, but the post event report contains costs in that category.
- If the prior approval audio-visual/meeting room, logistical, and programmatic planner costs are less than the thresholds, but actual costs exceed the thresholds.
- If the prior approval total cost is less than \$100,000, but the actual costs exceed \$100,000.
- If the prior approval total cost is less than \$500,000, but the actual costs exceed \$500,000.

Grant recipients are not required to file post event reports, but should maintain documentation for purposes of

monitoring and audit.

Deadlines

All conference costs must be reported no later than 45 calendar days after the end of any event that meets the following criteria:

- Total cost of the event exceeds \$20,000, or
- More than 50% of attendees are DOJ employees.

The conference report should include the purpose of the conference, number of participants in attendance, a detailed breakout of all cost categories, etc. Other costs must be detailed on the form. If extra lines are needed, please list in one of the additional spreadsheet tabs.

When a prior approval amount exceeds \$20,000, OJP/COPS Office expects a post event report. If the actual costs are less than \$20,000, please either file the report with the actual costs or notify your program manager or OJP/COPS Office point of contact that a report is not required. Note: After the prior approval portion of the submission form has been approved, a copy of the submission form which contains the OJP/COPS Office event identifier will be returned to you. It is important to use this form for the post event report.

Delinquent Submissions and Non-Reporters

The Conference & Events Submission Form must be emailed to either OJPConferenceCostReporting@ojp.usdoj.gov or COPSConferencecosts@cops.usdoj.gov within 45 calendar days after the last day of the event.

If your Conference & Events Form is not submitted by the due date, the report is considered to be delinquent and, for cooperative agreement recipients, you may not be permitted to draw down funds through the Grant Payment Request System (GPRS). You will receive an automatic email notification if this occurs. For non-reporters, a hold may be placed on the remaining funds associated with the award and any future payment requests will be denied. For contractors, remedies for non-compliance are outlined in your contract.

Reporting Exemption

If any item(s) are paid for with registration fees or other non-award funds, then that portion of expenses does not need to be reported on the Conference & Events Submission Form. Contractors may not charge registration fees.

Determining Costs

When determining the total cost of a DOJ-funded conference, all costs incurred by the recipient under the award must be included (see specific categories below).

- *Actual.* Post event reports must contain actual costs.
- *Fees/program income.* Post event conference reporting should exclude costs covered by other non-DOJ funding (e.g., non-DOJ co-sponsors) or program income.
- *Logistical and programmatic planner costs.* These costs should include cooperative agreement staff time spent on these activities and any contracted planner costs.
- *Attendee costs.* For post event reporting purposes, a cooperative agreement recipient or contractor must report all costs of attendance supported by the contract or award, or by DOJ-funded conference scholarships where that recipient administers the scholarships. (When determining overall conference costs, OJP/COPS Office may supplement the recipient's data with available data on attendance costs related to DOJ employees, and non-DOJ attendees whose attendance is supported by scholarships administered by an entity other than that primarily responsible for planning and/or hosting the conference.)
- *Indirect costs.* Recipients are required to include indirect costs when determining how much was spent in each conference cost category. For example, where a recipient has a 10% indirect cost rate, the reported cost of each conference item against which this indirect cost rate is charged should be augmented by 10% to take into account

the rate charged.

Public Reporting

■ All post event reports for conferences costing more than \$100,000 in Federal funding will be posted publicly on the DOJ website.

■ If the pre-event Conference & Events Submission Form was approved for less than \$100,000, the actual costs reported on the post event report cannot exceed \$100,000 without additional review and approval. This requirement is also applicable to events pre-approved for less than \$500,000.

■ Conferences costing more than \$500,000 in DOJ funds are prohibited unless a waiver is granted by the Deputy Attorney General.

INDIRECT COSTS

Introduction

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. Examples of costs usually treated as indirect include those incurred for facility operation and maintenance, depreciation, and administrative salaries.

Federal Indirect Cost Rate—Negotiated Agreements

If a Federal awarding agency has approved your indirect cost rate or allocation plan, then another awarding agency must accept the same indirect cost rate or allocation plan, provided the rate or plan is current and based on allocation methods substantially in accord with those set forth in the OMB Uniform Guidance for grant requirements. There are limited circumstances where a Federal agency may deviate from negotiated rates as discussed in 2 C.F.R. § 200.414 (Indirect (F&A) costs).

Any non-Federal entity that has a federally negotiated indirect cost rate may request a one-time extension of a current negotiated rate for a period of up to four years. This extension request is subject to approval from the cognizant agency for indirect costs. If the extension is granted then the non-Federal entity may not request a rate review until the extension period ends. At the end of the extension period, the non-Federal entity must reapply to negotiate a new indirect cost rate. Subsequent one-time extensions (up to four years) are permitted if a renegotiation is completed between each extension request.

OJP SPECIFIC TIP: A request for a one-time extension of a current negotiated rate may be approved for a period of one year.

Establishment of Indirect Cost Rates

The requirements for the development and submission of indirect cost proposals and cost allocation plans are set out in Appendices III – VII of 2 C.F.R. § 200. A non-federal entity should follow the guidelines applicable to its type of organization:

- 2 C.F.R. § 200, Appendix III for Institutions of Higher Education;
- 2 C.F.R. § 200, Appendix IV for Non-Profit Organizations;
- 2 C.F.R. § 200, Appendix V for State/Local Government Central Service Cost Allocation Plans;
- 2 C.F.R. § 200, Appendix VI for Public Assistance Cost Allocation Plans;
- 2 C.F.R. § 200, Appendix VII for State/Local/Tribal Indirect Cost Proposals.

If it is determined that OJP or the OVW is your cognizant agency for indirect cost negotiation, you may refer to Indirect Costs resource document [PDF – 32Kb] for instructions on how to prepare an indirect cost proposal for submission to DOJ.

FINANCIAL MANAGEMENT TIP: There is an exception: If you are a unit of local government, you are not required to submit an indirect rate cost agreement. However, you are required to prepare and retain your indirect cost proposal on file for review. See 2 C.F.R. Part 200, Appendix VII.D. P

ACTION ITEM: generally, if an indirect cost proposal is not submitted within 90 days after the award date, indirect costs may not be recovered for the period prior to submission of the proposal.

- To support the indirect cost proposal, as an award recipient you are responsible for ensuring that independent audits of your organization are conducted in accordance with existing Federal auditing and reporting standards set forth in the applicable audit requirements. A copy of the audit report must be submitted to your cognizant Federal agency to support the indirect cost proposal.

- As part of requesting an indirect cost rate, you must submit with your indirect cost allocation plan a signed certification stating that the plan only includes allowable costs.
- Additional guidance for completing an indirect cost proposal as an award recipient, as well as examples of how certain information should be provided, is available through the U.S. Department of Health and Human Services (HHS) Program Support Center website.

After negotiations, your cognizant Federal agency will establish either a provisional, final, or fixed-with-carryforward indirect cost rate, depending on the cost principles that apply to your type of organization.

Indirect Cost Distribution Bases

Regardless of the allocation method used by the organization, the following “direct cost” bases may be used as a distribution base:

- **Modified Total Direct Cost, or MTDC.** This base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency.
- **Direct Salaries and Wages.** This base includes only the costs of direct salaries and wages incurred by the organization.
- **Direct Salaries and Wages plus Fringe Benefits.** This base includes the costs of direct salary and wages and the direct fringe benefits incurred by the organization.

OJP SPECIFIC TIP: Transferring funds into or out of the indirect cost category is not allowable without prior approval from the awarding agency. A budget modification is required.

Cost Allocation Plans—Central Support Services

- State agencies and local units of government may not charge to an award the cost of central support services supplied by the State or local units of government, except pursuant to a cost allocation plan approved by HHS.
- The rate to be applied may be on a fixed rate with carry forward provision.

Lobbying Costs and the Indirect Cost Pool

When a non-Federal entity seeks reimbursement for indirect costs, total lobbying costs must be separately identified in the indirect cost rate proposal and thereafter treated as other unallowable activity costs in accordance with the procedures in 2 C.F.R. § 200.413 (Direct Costs).

Requirements for recipient organizations:

- Unallowable costs associated with the indirect cost pool (e.g., lobbying) must be added to the direct cost base.
- Non-Federal entities must submit, as part of their annual indirect cost rate proposal, a certification that they are in compliance with all the requirements and standards under 2 C.F.R. § 200.450 (Lobbying).

Exemption from some record-keeping requirements:

- Recipient organizations will not be required to create time logs, calendars, or similar records for purposes of complying with this section during any particular calendar month when:
 - The employee engages in lobbying and 25 percent or less of the employee’s compensated hours of employment during that calendar month constitutes lobbying; and
 - Within the preceding 5-year period, the non-Federal entity has not materially misstated allowable or

unallowable costs of any nature, including legislative lobbying costs.

- When the first two conditions listed above are met, organizations are not required to establish records to support the allowability of claimed costs in addition to records already required or maintained.

- Also when the first two conditions are met, the absence of time logs, calendars, or similar records will not serve as a basis for disallowing costs by contesting estimates of lobbying time spent by employees during a calendar month.

No Approved Plan

If you do not have a previously approved Federal indirect cost rate, you may either negotiate an indirect cost rate with your cognizant Federal agency or you may elect to charge a de minimis rate of 10% of modified total direct costs.

If you elect to negotiate an indirect cost rate with a DOJ component or have a rate pending with another Federal agency, a special condition will be added to the award prohibiting the obligation, expenditure, or drawdown of funds reimbursement for indirect costs until an indirect cost rate has been approved by your cognizant Federal agency, and a Grant Adjustment Notice (GAN) has been issued, or for COPS Office, the appropriate notification has been made retiring the special condition.

If you are a non-federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to Part 200 paragraph (d)(1)(B), you may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. When using this method, cost must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. Also, if this method is chosen then it must be used consistently for all Federal awards until such time as you choose to negotiate an indirect cost rate (which may be done at any time). See 2 C.F.R. § 200.414(f).

- There is an exception: If you are a unit of local government which the Office of Management and Budget (OMB) has not assigned a cognizant Federal agency, then you are not required to submit your indirect cost proposal, unless the awarding agency requires a copy of the proposal. Please see the appropriate Appendix section in 2 C.F.R. § 200 as listed above.

Approval of Indirect Cost Rates for Subrecipients

As the direct recipient of Federal funding, you are responsible for approving indirect cost rates for your subrecipients. Such rate must be consistent with the requirements of 2 C.F.R. § 200. The Federal awarding agency will not approve indirect cost rates beyond the direct recipient level; however, subrecipients who are also direct recipients of Federal awards may already have a Federally approved indirect cost rate. If your subrecipient has negotiated an indirect cost rate with the Federal government, then that rate applies.

OJP'S CONFIDENTIAL FUNDS

Introduction

The provisions outlined in this chapter apply to all awarding agency professional personnel, recipients, and subrecipients involved in the administration of grants containing confidential funds. Confidential funds are those monies allocated to:

- **Purchase of Services (P/S).** This category includes travel or transportation of a non-Federal officer or an informant; the lease of an apartment, business front, luxury-type automobile, aircraft or boat, or similar effects to create or establish the appearance of affluence; and/or meals, beverages, entertainment, and similar expenses (including buy money, flash rolls, etc.) for undercover purposes, within reasonable limits.

- **Purchase of Evidence (P/E).** This category is for purchase of evidence and/or contraband, such as narcotics and dangerous drugs, firearms, stolen property, counterfeit tax stamps, and so forth, required to determine the

existence of a crime or to establish the identity of a participant in a crime.

■ **Purchase of Specific Information (P/I).** This category includes the payment of monies to an informant for specific information. All other informant expenses would be classified under P/S and charged accordingly.

FINANCIAL MANAGEMENT TIP: Confidential funds should only be allocated when 1) the merit of a program/ investigation warrants the expenditure of these funds, and 2) you are unable to obtain these funds from other sources.

Confidential funds are subject to prior approval.

■ You will receive approval for confidential fund expenditures if it is found that the requested expenditures are reasonable and necessary elements of project operations.

■ The approving agency must also ensure that the controls over disbursement of confidential funds are adequate to safeguard against the misuse of such funds.

Approval Authorities

If you are a block/formula award recipient or a discretionary award recipient, then the approval authority for the allocation of confidential funds is your awarding agency. (This includes Regional Information Sharing Systems (RISS) Program projects).

If you are a subrecipient, your approval authority is the original recipient agency.

Confidential Funds Certification

For all projects involved with confidential funds from either Federal or matching funds, DOJ requires signed certification that the Project Director has read, understands, and agrees to abide by the conditions described below. The signed certification must be submitted at the time of grant application. A sample Confidential Funds Certification form for use is included here.

Download sample Confidential Funds Certification form [PDF - 116 Kb].

ACTION ITEM: Each Project Director involved with confidential funds from either Federal or matching funds must provide signed certification to show that he or she has read, understands, and agrees to abide by conditions for confidential funds.

Written Procedures

Each Project Director and Regional Information Sharing Systems (RISS) member agency authorized to disburse confidential funds must develop and follow internal procedures which incorporate the elements listed below. If the Project Director and/or RISS member agency deviates from these elements, they must receive prior approval of the awarding agency.

■ The funds authorized will be established in an imprest fund which is controlled by a bonded cashier.

■ The supervisor of the unit to which the imprest fund is assigned must authorize all advances of funds for the purchase of information. In the authorization the supervisor must specify the information to be received, the amount of expenditures, and the assumed name of the informant.

■ Informant files are confidential files of the true names, assumed names, and signatures of all informants to whom payments of confidential expenditures have been made. To the extent possible, pictures and/or fingerprints of the informant payee(s) should also be maintained. In the RISS Program, the informant files are to be maintained at the member agencies only. Project headquarters may maintain case files.

■ The agent or officer authorized to make a confidential payment will provide the cashier with a receipt for cash advanced for such purposes. The informant payee must provide the agent or officer a receipt for cash paid to them. A sample informant payee receipt [PDF - 153 Kb] is provided as an example.

An informant payee receipt must identify the exact amount paid to and received by the informant payee on the date executed. Cumulative or anticipatory receipts are not permitted. Once the receipt has been completed, **no alteration is allowed**. As shown in the sample above, the agent must prepare an informant payee receipt containing all of the following information:

- The jurisdiction initiating the payment
- A description of the information/evidence received
- The amount of payment in both numerical and word format (e.g., one hundred dollars [\$100.00])
- The date on which the payment was made
- The signature of the informant payee
- The signature of the case agent or officer making payment
- The signature of at least one other officer witnessing the payment
- The signature of the first-line supervisor authorizing and certifying the payment

The signed receipt from the informant payee with a memorandum detailing the information received must be forwarded to the agent or officer in charge.

- The agent or officer in charge must compare the signatures.
- He/she must also evaluate the information received in relation to the expense incurred and enter his/her evaluation remarks in the report of the agent or officer who made the expenditure from the imprest fund.
- The certification will be witnessed by the agent or officer in charge on the basis of the report and informant payee's receipt.

Each Project Director must prepare a reconciliation report on the imprest fund on a quarterly basis.

- The reconciliation report must include the assumed name of each informant given and to what extent each informant contributed to the investigation.
- As the recipient, you should retain the reconciliation report in your files and have it available for review.
- Subrecipients should retain the reconciliation report in their files and have it available for review unless the State agency requests that the report be submitted to them on a quarterly basis.

Each Project Director and member agency must maintain specific records of each confidential fund transaction. At a minimum, these records must consist of all documentation concerning the request for funds, processing (including the review and approval/disapproval), modifications, closure or impact material, and receipts and/or other documentation necessary to justify and track all expenditures.

- Refer to the documentation in the Informant Files section of this chapter for a list of documents which should be included in the informant files.
- In projects where award funds are used for confidential expenditures, please note that all of the above records are subject to the record retention and audit requirements of the awarding agency and program legislation.
- However, only under extraordinary and rare circumstances would such access include a review of the true name of confidential informants.
- When access to the true name of confidential informants is necessary, appropriate steps to protect this sensitive information must and will be taken by your organization, the awarding agency, and the auditing agency.
- Any such access, other than under a court order or subpoena pursuant to a bona fide confidential investigation, must be approved by both the OJP Program Office Head and the OJP Chief Financial Officer.

ACTION ITEM: If the project director and RISS member agency authorized to disburse confidential funds deviate from these written procedures, they must receive prior approval of the awarding agency.
Informant Files

Informant Files

A separate file should be securely established for each informant for accounting purposes.

- Informant files should be kept in a separate and secure storage facility and under the exclusive control of the Project Director, manager, or an employee designated by him/her.
- The facility should be locked at all times when unattended.
- Access to these files should be limited to those employees who have a necessary and legitimate need.
- An informant file should not leave its immediate area within the storage facility, except for review by a management official or the handling agent, and should be returned prior to the close of business on the day of its review.
- Sign-out logs should be kept indicating the date, informant number, time in and out, and the signature of the person reviewing the file.

Each file should include the following documentation:

- Informant Payment Record easily accessible on top of the file. This record provides a summary of informant payments.
- Informant Establishment Record, including complete identifying and locating data, plus any other documents connected with the informant's establishment.
- Current photograph and fingerprint card (or Federal Bureau of Investigation [FBI]/State criminal identification number).
- Agreement with cooperating individual.
- Receipt for P/I.
- Copies of all debriefing reports (except for the headquarters case file).
- Copies of case initiation reports showing the use of an informant (except for the headquarters case file).
- Copies of statements signed by the informant (unsigned copies will be placed in appropriate investigative files).
- Any administrative correspondence pertaining to the informant, including documentation of any representations made on his behalf or any other nonmonetary considerations furnished.
- Any deactivation report or declaration of an unsatisfactory informant.

Regional Information Sharing Systems (RISS) Program

RISS is a national federally funded program of regionally oriented services designed to enhance the ability of local, State, Federal, and tribal criminal justice agencies to:

- Identify, target, and remove criminal conspiracies and activities spanning multijurisdictional, multistate, and sometimes international boundaries.
- Facilitate rapid exchange and sharing of information among the agencies pertaining to known suspected criminals or criminal activity.
- Enhance coordination and communication among agencies that are in pursuit of criminal conspiracies determined to be interjurisdictional in nature.

RISS Processing Procedures

The agency must provide a statement agreeing to establish control, accounting, and reporting procedures consistent with the procedures outlined in this chapter. The project policy board establishes the maximum level the Project Director may authorize in disbursements to member agencies.

- The Project Director, or his/her designee, may authorize payment of funds to member agencies and their officers for P/I and evidence up to this maximum level.
- The Project Director must refer all requests for amounts in excess of the maximum level to the project policy board for review and approval.

■Any member agency requesting funds from the project will do so in writing. The request must contain the amount needed, the purpose of the funds, and a statement that the funds requested are to be used to further the project's objectives.

The Project Director, or his/her designee when appropriate, will approve or disapprove the request in writing.

■If approved, the request will be forwarded to the project cashier, who will record the request and transmit the monies, along with a receipt form, to the member agency.

■Upon receipt of the monies, the member agency will immediately sign and return the receipt form to the cashier.

Each Project Director must record and maintain on file the assumed name and signature of all informants to whom member agencies make payments from project funds for all transactions involving P/I.

■The original signed informant payee receipt, with a summary of the information received, will be forwarded to the Project Director by the member agency.

■The Project Director will then verify the receipt by comparing the signature of the informant payee on the receipt with the signature maintained by the project in a secure and confidential file.

■If discrepancies exist, the Project Director, or his/her designee, will take immediate steps to notify the member agency and find out the reason(s) for the discrepancies.

■The member agency must forward written justification to deal with discrepancies identified by the Project Director. If the justification is sufficient, it will be attached to the informant payee receipt.

Informant Management and Utilization

Anyone used as an informant should be identified as such. The specific procedures required in establishing a person as an informant may vary from jurisdiction to jurisdiction but, at a minimum, should include the following:

■Assign an informant code name to protect the informant's identity.

■Create an informant code book controlled by the Project Director or their designee containing:

Informant's code name;

Type of informant (i.e., informant, defendant/informant, restricted-use informant);

Informant's true name;

Name of establishing law enforcement officer;

Date the establishment of the informant is approved; and

Date of deactivation.

■Establish each informant's files in accordance with the documentation listing under the Informant Files section of this chapter.

■Search all available criminal records for informants.

If a verified FBI number is available, request a copy of the criminal records from the FBI.

Where a verified FBI number is not available, fingerprint the informant and send a copy to the FBI and appropriate State authorities for analysis.

The informant may be used on a temporary basis while awaiting a response from the FBI.

■Review all active-status informant files on a quarterly basis to assure they contain all relevant and current information.

Where a substantive fact that was earlier reported on the Establishment Record is no longer correct (e.g., a change in criminal status or in means of locating the informant), a supplemental establishing report should be submitted

with the correct entry.

Payment to Informants

Anyone who receives payments charged against P/E or P/I funds should be established as an informant.

- This includes anyone who may otherwise be categorized as a source of information or an informant under the control of another agency.

- The amount of payment should match the value of services and/or information provided and should be based on the following factors:

The level of the targeted individual, organization, or operation.

The amount of the actual or potential seizure.

The significance of the contribution made by the informant to the desired objectives.

- Payments to informants may be made under various circumstances:

When an informant assists in developing an investigation, either through supplying information or actively participating in it, they may be paid for their service either in a lump sum or in staggered payments. Payments for information leading to a seizure, with no defendants, should be on a minimum basis.

When an informant needs protection, law enforcement agencies (LEAs) may absorb the expenses of relocation. These expenses may include travel for the informant and their immediate family, movement and/or storage of household goods, and living expenses at the new location for a specific period of time (not to exceed 6 months). Payments for these expenses may be either lump-sum or as they occur and should not exceed the amounts authorized by law enforcement employees for these activities.

To use or pay another agency's informant, the person should be identified as an informant. These payments should not be a duplication of a payment from another agency; however, sharing a payment is acceptable.

- Documentation of payments to informants is critical and must be noted on a receipt for P/I.

Payment should be made and witnessed by two law enforcement officers and authorized payment amounts should be established and reviewed by at least the first-line supervisory level.

In unusual circumstances, a non-officer employee or an officer of another LEA may serve as a witness.

In all instances, the original signed receipt must be submitted to the Project Director for review and recordkeeping.

ACTION ITEM

Stress with staff the importance of maintaining complete records for informants, including documentation of payments.

Accounting and Control Procedures

Special accounting and control procedures should direct the use and handling of confidential expenditures. We describe these procedures below:

- It is important that expenditures identified as P/E, P/I, and P/S expenses are in fact allocated and charged to the proper category. This is the only way that these funds may be properly managed at all levels and accurate projections of future needs be made.

- Each law enforcement entity should apportion its P/E, P/I, or P/S allowance throughout its jurisdiction and

delegate authority to approve P/E, P/I, and P/S expenditures to those offices as necessary.

- Headquarters management should establish guidelines authorizing offices to spend up to a predetermined limit of their total allowance on any one investigation.

- In exercising their authority to approve these expenditures, the supervisor should consider:

The significance of the investigation; the need for this expenditure to further that investigation; and anticipated expenditures in other investigations.

- Funds for P/E, P/I, and P/S expenditures should be advanced to the officer for a specific purpose. If they are not expended for that purpose, they should be returned to the cashier. The funds should not be used for another purpose (including another category) without first returning them and repeating the authorization and advance process based on the new purpose.

- Funds for P/E, P/I, or P/S expenditures should be advanced to the officer on a suitable receipt form. A receipt for P/I or a voucher for P/E should be completed to document funds used in P/E or funds paid or advanced to an informant.

- For security purposes, there should be a 48-hour limit on the amount of time for which funds advanced for P/E, P/I, or P/S expenditure may be held outstanding.

If it becomes apparent at any point within the 48-hour period that the funds will not be used, then the funds should be returned to the advancing cashier as soon as possible. An extension to the 48-hour limit may be granted by the level of management that approved the advance.

Factors to consider in granting an extension are the amount of funds involved, safeguarding of funds, length of extension required, and importance of the expenditure.

Extensions are generally limited to no more than an additional 48 hours. Recipients should consult with the program office prior to determining the final course of action. Beyond this time period, the funds should be returned and re-advanced, if necessary.

Regardless of circumstances, within 48 hours of the advance, the fund cashier should be presented with either the unexpended funds, an executed receipt for P/I or P/E, or written notification by management that an extension has been granted.

- P/S expenditures, when not endangering the safety of the officer or informant, need to be supported by cancelled tickets, receipts, lease agreements, and any other relevant documentation. If supporting documents are unavailable, the Project Director or his or her immediate subordinate must certify that the expenditures were necessary and justify why supporting materials were not obtained.

ACTION ITEM: For security purposes, establish a limit of 48 hours on the amount of time for which funds advanced for P/E, P/I, or P/S expenditure may be held outstanding.

UNALLOWABLE COSTS

Introduction

Federal awards generally provide recipients and/or subrecipients with the funds necessary to cover costs associated with the award program. There are other costs, however, categorized as unallowable costs, that will not be reimbursed. Non-Federal entities must not use award or match funding for unallowable costs. Also within the category of unallowable costs are any costs considered inappropriate by your awarding agency. See 2 C.F.R. § 200.31 (Disallowed Costs).

Standard unallowable costs are identified in 2 C.F.R. § 200, Subpart E - Cost Principles. (For-profit entities and hospitals follow different cost principles – see FAR 31.2, and 2 C.F.R. Part 200b Appendix. IX, respectively). Specific items of unallowable costs that may be of particular relevance for DOJ-funded programs are highlighted below.

Unallowable Cost Categories

Land Acquisition

No Federal funds that are awarded for renting, leasing, or construction of buildings or other physical facilities shall be used for land acquisition. See 2 C.F.R. § 200.439 (b)(1).

Compensation of Federal Employees

This category of unallowable costs includes salary payments, consulting fees, or other compensation to full-time Federal employees.

Travel of Department of Justice (DOJ) Employees

You may not spend award funds on transportation, lodging, subsistence, and related travel expenses of awarding agency employees.

■ DOJ does consider to be allowable the travel expenses of other Federal employees, such as those persons serving on advisory committees or other program or project duties or assistance, if travel expenses have been:

Approved by the Federal employee's department or agency; and included as an identifiable item in the funds budgeted for the project or subsequently approved by the awarding agency.

Bonuses or Commissions

You or your subrecipient cannot pay any bonus or commission to any individual or organization to obtain approval of an application for award assistance.

Bonuses to officers or board members of for-profit or nonprofit organizations that are determined to be a profit, distribution of earnings, or fees are unallowable. See 2 C.F.R. § 200.430(g).

Some programs do not allow reimbursement for bonuses to employees.

ACTION ITEM: Be sure to check your award document and, if applicable, financial clearance memorandum, to determine which salaries, fringe benefits, and other personnel costs are allowable under your specific award.

Prohibited and Controlled Equipment

This category of unallowable cost may include items that are prohibited from purchase, such as certain types of firearms and tracked armored vehicles. Other military-type equipment, such as tactical wheeled vehicles and explosives and pyrotechnics are considered “controlled” and are only allowable for purchase if a jurisdiction submits a detailed justification noting need for the equipment and documenting controls in place to prevent misuse (such as training and use protocols).

Lobbying

You and your subrecipients must comply with the provisions in 2 C.F.R. § 200.450 (Lobbying), as appropriate. Also, see Chapter 2.1 of this Guide for more specifics about restrictions on lobbying.

- The lobbying cost prohibition applies to all award recipients.
- You cannot use your grant funds for the following purposes:
 - Attempting to influence the outcome of any Federal, State, or local election, referendum, initiative, or similar procedure, through in-kind or cash contributions, endorsements, publicity, or similar activity;
 - Establishing, administering, contributing to, or paying for the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcome of elections;
 - Attempting to influence (a) the introduction of Federal or State legislation; or (b) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), (c) the enactment or modification of any pending Federal or state legislation by preparing, distributing, or using publicity or propaganda, or by urging members of the general public, or any segment thereof, to contribute to or participate in any mass demonstration, march, rally, fund raising drive, lobbying campaign or letter writing or telephone campaign, or (d) with any Government official or employee in connection with a decision to sign or veto enrolled legislation;
 - Engaging in or supporting the development of publicity or propaganda designed to support or defeat legislation pending before legislative bodies;
 - Paying, directly or indirectly, for any personal service, advertisement, telephone, letter, printed or written matter, or other device, intended or designed to influence a member of Congress or of a State legislature to favor or oppose, by vote or otherwise, any legislation or appropriation by either Congress or a State legislature, whether before or after the introduction of any bill or resolution proposing such legislation or appropriation;
 - Engaging in legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried out in support of or in knowing preparation for an effort to engage in unallowable lobbying;
 - Paying a publicity expert for purposes unallowable under the anti-lobbying rules; or
 - Attempting to improperly influence, either directly or indirectly, an employee or officer of the executive branch of the Federal Government to give consideration or to act regarding a sponsored agreement or a regulatory matter.
- The Anti-Lobbying Act, 18 U.S.C. § 1913, contains significant restrictions on the use of appropriated funding for lobbying.
 - These anti-lobbying restrictions are enforceable via large civil penalties, with civil fines between \$10,000 and \$100,000 per each individual occurrence of lobbying activity.
 - These restrictions are in addition to the anti-lobbying and lobbying disclosure restrictions imposed by 31 U.S.C. § 1352.
- All grantees must understand that no federally appropriated funding made available under the grant program may be used, either directly or indirectly, to support the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government, without the express approval of DOJ.
- Any violation of this prohibition is subject to a minimum \$10,000 fine for each occurrence. This prohibition applies to all activity, even if currently allowed within the parameters of the existing OMB guidance.
- Any question(s) relating to the lobbying restrictions should be submitted in writing to the awarding agency's ethics official (typically in the awarding agency's Office of the General Counsel) through your program manager.

OVW SPECIFIC TIP: OVW has some programs with purpose areas that expressly authorize “developing and promoting state, local, or tribal legislation and policies that enhance best practices for responding to domestic violence, dating violence, sexual assault, and stalking.” Grantees with questions on specific authorized activities should contact their grant manager.

Fundraising

You may not charge as direct or indirect costs against your award the costs of organized fundraising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions. However, certain fundraising costs for the purposes of meeting the Federal program objectives may be allowable with prior approval of the DOJ awarding agency. See 2 C.F.R. § 200.442 for more details.

- The portion of a person’s salary that covers time spent engaged in unallowable fundraising, and any indirect costs associated with those salaries, may not be charged to the award.
- An organization may accept donations (e.g., goods, space, services) towards fundraising, as long as the value of the donations is not charged as a direct or indirect cost to the award.
- Nothing in this section should be read to prohibit a recipient from engaging in fundraising activities, as long as such activities are not financed by Federal or matching funds.

Corporate Formation

Unless specifically stated in your award agreement, the cost for corporate formation (startup costs) may not be charged as either direct or indirect costs against the award.

Other Unallowable Costs

Other categories of unallowable costs include:

- Entertainment, including amusement, diversion, social activities, and any associated costs (i.e. tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are unallowable. Certain exceptions may apply when such costs have a programmatic purpose and have been approved by the awarding agency;
- Fines and penalties (except when incurred as a result of compliance with specific provisions of an award or contract, or with written approval from the awarding agency);
- Credit card fees;
- Passport charges;
- Tips;
- Bar charges/alcoholic beverages, and
- Membership fees to organizations whose primary activity is lobbying.

Costs Incurred Outside the Project Period

Any costs that are incurred either before the start of the project period or after the expiration of the project period are not allowable, unless written approval covering pre-agreement costs or a no-cost extension is granted by the awarding agency.

The Bureau of Statistics and Plans recommends the potential applicant to review the financial guide at http://ojp.gov/financialguide/DOJ/pdfs/2015_DOJ_FinancialGuide.pdf prior to submitting your application.

APPENDIX A Proposed JAG Programs

FY 2015 Justice Assistance Grant Proposed Program Priority
for Guam's FY 2013- 2016 Drug Control, Violent Crime, and Criminal Justice Systems Improvement Strategy

Law Enforcement Priority

Multijurisdictional Drug Task Forces

Purpose Area: Law Enforcement Programs

Description of the Program:

This program calls for integrating Federal and local drug law enforcement and prosecution to enhance interagency coordination among the task forces; to facilitate multi jurisdictional investigations to facilitate the curtailment of narcotics interdiction and money laundering activities on Guam through the apprehension, arrest, and conviction of individuals smuggling narcotics into Guam, and the seizure of assets acquired as a result of a controlled substance violation. In order to proactively interdict the narcotics distribution system and to seize assets gained through the sale of narcotics, there is need to continue to utilize interagency, multi-disciplinary task forces; to fund prosecutors to prosecute drug cases; and to increase the drug detector canine detection teams to detect the narcotics.

Brief Analysis of the Need of the Program:

The growing availability and abuse of crystal methamphetamine or “ice” as well as other illegal drugs has been directly related to Guam’s growing crime rates. As such, it necessitates the pursuit of strong components to prevent controlled illicit substances from entering Guam, to detect and remove them from the streets, and to vigorously prosecute the drug traffickers. A need exist to ensure Guam’s drug task forces have the necessary resources to interdict illegal drugs on Guam and the available training to keep up with the latest trends and technology.

Program Goal:

The goal of the multi-jurisdictional task forces is to interdict illegal drugs at our ports of entry, to reduce the availability and use of illegal drugs and money laundering activities on Guam through collaborative investigations with State and Federal agencies in order to apprehend, arrest, and convict the individuals, and to seize assets acquired as a result of controlled substance violations thus to disrupt the drug market, reduce drug threats and drug related crimes on Guam.

Guam’s Performance Measure:

- The number of enforcement operations conducted by the task forces
- Number of marijuana plants eradicated
- Number of drug arrests by drug type
- Quantity of drug seized by drug type and the value of drugs seized (in grams)
- Number of drug cases initiated
- Number of drug cases closed
- Number of drug trafficking organization investigated and penetrated (identify the level of the drug trafficking organization by street, low, mid, high and the ethnicity of the organization)
- Number of weapons and explosives seized (identify the type of weapon)
- Number of drug offenders prosecuted at the state level with conviction
- Number of drug offenders prosecuted at the federal level with conviction
- Number of offenders prosecuted for firearm violation at the state level with conviction
- Number of offenders prosecuted for firearm violation at the federal level with conviction
- Number of asset seizures and total value of funds and asset forfeited
- Number of law enforcement officers, prosecutor trained during the reporting period (list training attended and the cost of each training)

Sex Offender Registration Management Program

Purpose Area: Law Enforcement Program

Description of the Program:

The program calls for enhancing Guam's sex offender registry by continuing to maintain the requirements of the Sex Offender Registration and Notification Act (SORNA) under AWA through coordinated and collaborative efforts with the Sex Offender Registration Management Office, Judiciary of Guam, the Office of the Attorney General, the Guam Police Department, and the Department of Corrections in order to protect the public from sex offenders and offenders against children through effective sex offender registration and notification.

Brief Analysis of the Need of the Program and Proposed Program Activities:

Although Guam is in compliance with AWA/SORNA with the passage of Public Law 30-223, a need exist to continue to maintain our status as substantially implemented the provision of the Sex Offender Registration and Notification Act (SORNA) as well as to continue to work towards meeting the provisions of SORNA as they continue to evolve and to work with the SMART office personnel to bring Guam into full compliance with SORNA. The Judiciary of Guam

To increase public safety and to improve the monitoring of sex offenders, a need exist to continue to substanttp provide the federal Jacob Wetterling Crimes Against Children and Sexual Violent Offender Registration Program, enacted in 1994, requires states to establish registration programs for persons who have been convicted of certain sex crimes. Guam's Sex Offender Registry (SOR) was enacted in November 1999 under Public Law No. 25-75. This law was repealed by the federal Adam Walsh Child Protection and Safety Act of 2006, also known as the Sex Offender Registration and Notification Act (SORNA). The Act re-established and expands the Jacob Wetterling, Megan Nicole Kanka and Pam Lychner Sex Offender Registration and Notification Program and sets forth strict guidelines for jurisdictions to develop and maintain a jurisdiction wide sex offender registry to protect the public from sex offenders and offenders against children through effective sex offender registration and notification.

Program Goal:

The goal of this program is to facilitate substantial jurisdictional compliance with SORNA by providing support for coordinated interagency efforts to comply and implement the SORNA requirements; and to enhance Guam's efforts to ensure victims and public safety.

Guam's Performance Measures:

- Number of SORNA meetings held (indicate dates meetings have been held) and the outcome of the meetings. Provide the names of the individuals that attended the meetings.
- Number of policies/procedures or laws established or amended to comply with SORNA.
- Number of SORNA requirement implemented.
- Number of jurisdiction personnel trained on SORNA compliance.
- Number of records/data to include sex offender case files, registration information, finger/palm print cards, DNA captured.

Sexual Assault and Violent Crime Priority

Forensic Medical Examination of Sexual Assault Program

Purpose Area: Law Enforcement Program

Description of the Program:

Healing Hearts Crisis Center is Guam's only rape crisis center that provides comprehensive forensic medical examination on child and adult sexual assault victims to collect forensic evidence. The collection of forensic evidence is critical to the successful prosecution of the perpetrators of sexual assault on children.

Brief Analysis of the Need of the Program and Proposed Program Activities:

Another growing concern on Guam is sexual assault cases involving a child. The *Crime in Guam 2007 Uniform Crime Report* reported a 16 percent increase in reported rape offenses from 180 reported rape offenses in 2006 to 208 reported rape offenses in 2007. Guam's only rape crisis center serviced 76 victims of sexual assault in 2008, a 38 percent decrease over the 123 victims that received services from the center in 2007. It is important to note that 65 percent of the 76 victims serviced were between the ages of zero to fifteen. There is need to collect the forensic evidence from the victims in a safe and comfortable environment, to conduct the multidisciplinary team interview, to increase sexual assault awareness to the community, and to provide counseling services to the victim.

Program Goals:

The goals of the project are to improve the collection of evidence in sexual assault cases that will assist with the successful prosecution of criminal sexual assault cases; and to ensure that survivors of sexual assault are provided with the necessary support/resources to report and participate in the investigation and prosecution of criminal sexual conduct cases.

Guam's Performance Measures:

- Number of victims referred to Healing Hearts for medical legal examinations broken down by age group and sex.
- Number of forensic examination conducted on the victims broken down by age group and sex.
- Number of forensic examination conducted on the victims using the video colposcope broken down by age group and sex.
- Number of victims referred out and received counseling broken down by age group and sex
- Number of sexual assault cases that go to trial.
- Number of staff on hand to provide and collect forensic evidence.

Sexual Assault Prosecution Program

Purpose Area: Prosecution and Court Program

Description of the Program:

The purpose of this program is to increase the operational effectiveness of the Office of the Attorney General by providing resources to prosecute sexual assault cases and non compliance sex offenders.

Brief Analysis of the Need of the Program and Proposed Program Activities:

Sexual assault crimes continue to be a major community and criminal justice issue on Guam. There is a need to fund prosecutor to prosecute the growing number of sexual assault cases and to prosecute sex offenders who failed to update and verify the information on Guam's sex offender registry.

Program Goal:

The goal of this program is to prosecute sexual assault cases and convict the offender; and to prosecute sex offenders who fail to update and verify their information on the registry.

Guam's Performance Measures:

- Improve the investigation and prosecution of sexual assault cases
- Number of sexual cases prosecuted at the state level with conviction
- Number of sex offenders prosecuted for not complying with Guam's sex offender registry
- Resources implemented
- Report the change in the prosecution caseload of rape cases

Treatment and Rehabilitation Priority

Correctional Treatment and Rehabilitative Program

Purpose Areas: Corrections and Community Corrections Programs

Program Description:

The purpose of this program is to prevent further penetration into Guam's criminal justice system by improving and providing therapeutic treatment programs in the areas of substance abuse, violent tendencies abuse, and family violence.

Brief Analysis of the Need of the Program and Proposed Program Activities:

The nature of violent offender, drug offender and family violence offender is presenting unique problems to the Guam correctional system. Guam's correctional system needs program in place to detect, counsel, monitor and rehabilitate violent, drug abusing, and domestic and family violence offender before they are released to the community to prevent further penetration into the criminal justice system.

Program Goals:

The goals of the program is to provide substance abuse treatment, domestic and family violence treatment, sex offender treatment, and terrorizing and assault treatment to adult offenders to reduce the recidivism rate upon release and to maintain a healthy lifestyle.

Guam's Performance Measures:

- Reduce Recidivism Rate
- Reduce Prison Population

Recovery Oriented System of Care Program for Substance Abuse Offenders Program

Purpose Areas: Corrections and Community Corrections Programs

Program Description:

The purpose of this program is to prevent further penetration into Guam's criminal justice system by providing a continuum of care for the adult offenders who have completed the Residential Substance Abuse Treatment Program and released from prison based on the level of care needed, and to link them with the services and supports needed to sustain their recovery as well as providing a continuum of care for the adult offenders with substance abuse problems and released from prison.

Brief Analysis of the Need of the Program and Proposed Program Activities:

A need exist to implement a Recovery Oriented Systems of Care for substance abuse offenders who have been released from prison as the outcome of the program have been proven effective. There are two specific target group for this program and they are the adult offenders that have completed the Residential Substance Abuse Treatment Program, and adult offenders that have been referred by their case workers. ROSC will require collaboration with the Department of Mental Health and Substance Abuse Drug and Alcohol Branch, the Department of Corrections, the Department of Corrections Parole Services, the Judiciary of Guam Probation Division, the Department of Labor One Stop Career Center, the Guam Housing and Urban Renewal, faith based organizations and nonprofit organizations in the planning of a ROSC Program. The Department of Mental Health and Substance Abuse Drug and Alcohol Branch has taking the lead in implementing a transitional mechanism for adults who have completed the Residential Substance Abuse Treatment Program and being released from Corrections by linking them to established therapeutic community or Aftercare and or Continued Care Programs. The Program involves conducting an assessment two months prior to release. The assessment tool that will be used is the American Society of Addiction Medicine (ASAM) model. The assessment tool will determine the level of care needed for each RSAT client upon release.

The program will require a case manager to coordinate recovery support services (short term housing, transportation, faith based services, basic needs, case management, childcare, and vocational and educational services) with the public and private organizations on Guam for the RSAT client; and peer specialists to provide peer mentoring for the RSAT client while they proceed through the aftercare and or continuum of care.

Program Goals:

The goal of the program is to improve the access to substance abuse services for adults who completed the Residential Substance Abuse Treatment Program and for adults have been referred by their case manager to provide a continuum of care and support services so they do not re-offend, and to maintain a healthy lifestyle and become productive citizen of the community with the aim to reduce recidivism.

Guam's Performance Measures:

- Interagency memorandum of understanding in place with the network agencies
- Number of assessments completed
- Drug testing results
- Number of participants in the ROSC program
- Number of participants provided referrals services and type of services provided
- Number of participants that have been successful in the program to become productive citizens in the community and maintained a healthy lifestyle one to year after they have participated in the program
- Feedback on the outcome of the services provided for the participants

Drug Court Program

Purpose Areas: Prosecution and Court Programs

Program Description:

Drug Court is a Court-supervised, comprehensive drug-alcohol treatment program for non-violent offenders. The goal of the program is to help the offender achieve total abstinence from drugs and alcohol, with the final responsibility of program completion being with the offender. The focus of the Drug Court is on replacing addictive behaviors with a clean and sober lifestyle.

Brief Analysis of the Need of the Program and Proposed Program Activities:

There is a need to expand the Drug Court Program to allow other clients who have not been charged for drug possession but have been charged for burglary to support their habits to enter the program; and to create a track to treat repeat and long time drug offenders. A need still exists to continue to provide for the recreational therapeutic component of the Drug Court.

Program Goal:

The goal of this program is reduce substance abuse and recidivism among non violent adult substance abusing offenders.

Guam's Performance Measures:

- Number of clients participating in program
- Number of clients graduated from drug court program
- Number of review/status hearings conducted
- Number of drug testing conducted and the frequency conducted
- Number of positive drug results
- Number of negative drug results
- Sanctions imposed on negative results
- Sanctions imposed on positive results
- Number of participants that were terminated from the program. Why were they terminated from the program

Technology Improvement Priority

Criminal Justice Records Improvement Program

Purpose Area: Planning, Evaluation, and Technology Programs

Program Description:

The purpose of this program is to improve Guam's Criminal Justice Information Systems by integrating the police, court, prosecution, corrections criminal justice systems component to improve the quality, timeliness, and accuracy of Guam's criminal history records.

Program Goal:

The goal of the program is to make systematic improvement in the quality, timeliness, and accuracy of Guam criminal history records to facilitate integration of information technology in the criminal justice system and to share information across systems thus to improve criminal justice information sharing and integrated systems.

Brief Analysis of the Need of the Program and Proposed Program Activity:

Technology system improvement applies to using technology to improve the criminal justice system. This includes improving management of criminal justice data that is current, accurate, and accessible in a timely manner by applicable criminal justice agencies. The lack of accurate, reliable criminal history information that can be shared expeditiously among a variety of stakeholders in the criminal justice community has been a significant obstacle to the effective apprehension and prosecution of offenders.

A need exist to eliminate the duplication of data entry by migrating the AEGIS data to the Office of the Attorney General Prosecution Case Management Information System and the Department of Corrections Adult Correctional Management Information System. Data should be captured once and used many times. Rather than have agencies duplicate data which has already been captured and automated by others, efforts should be implemented that will enable users to share common information and thereby eliminate the potential of subsequent data entry errors and delays in processing. Another need exist to integrate the State Identification Number and FBI number from the Guam Police Department AFIS System to populate the GPD AEGIS System, the OAG PCMIS System, the Judicial Case Management System, and the ACMIS System. Finally, a need exist to ensure resources are available for the annual maintenance of the law enforcement case management systems to improve criminal justice information sharing and integrated systems.

Guam's Performance Measures:

- Implementation of Guam's integration of its law enforcement system to facilitate the exchange of information among law enforcement systems through the Virtual Computerized Criminal History Record.
- Integration of GPD AEGIS data element with OAG PCMIS and DOC ACMIS.
- Integration and automation of SID and FBI Number.
- Maintenance of Guam's criminal justice information systems.

BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES

The following pages outline the program accountability measures for the Bureau of Justice Assistance (BJA) Justice Assistance Grant (JAG) Program for awards from fiscal years 2015 and beyond.

Reporting requirements for Fiscal Year 2014 and prior JAG awards have not changed. Please continue reporting on the previous JAG measures, at <https://www.bjaperformancetools.org/help/JAGMeasuresQuestionnaire.pdf>

There are two types of accountability measures that grantees and subgrantees are required to report on: performance data and narrative data. Performance data are collected on a quarterly basis in the performance measurement tool (PMT). Grantees and subgrantees will begin by providing data on the use of JAG funds. Grantees and subgrantees with award amounts of \$25,000 or more will then continue on to provide more detailed data on their JAG-funded programs and activities.

Grantees and subgrantees are required to select and report on all accountability measures that pertain to JAG-funded activities.

Narrative data are collected from grantees and subgrantees semiannually in January and July as well as prior to closeout. Direct grantees and state administrative agencies (SAAs) are responsible for creating a GMS Report from the PMT and uploading it into the Grants Management System (GMS) on this schedule as well. These reports created from the PMT will automatically include all subgrantee PMT data.

If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>.

NOTE: Data entry and reporting in the PMT on these revised measures will begin on **January 1, 2016**, for grant activities that occurred during the **October 1–December 30, 2015** reporting period. Subsequent data entry will occur quarterly, with a 30-day submission period following the close of the reporting period.

Data reported by JAG grantees and subgrantees in the accountability measures do not determine JAG funding, which is calculated based on a statutory formula combining population and Uniform Crime Reporting Part I crime data. Details on the formula calculations are available in the JAG Technical Report on BJA's web site: <https://www.bja.gov/Publications/JAGTechRpt.pdf>. BJA encourages JAG grantees to make decisions on funding through a collaborative process involving all major stakeholders, including law enforcement, courts, indigent defense, prosecution, corrections and community corrections, treatment providers, crime victims, and others.

If you have any questions about the accountability measures or the PMT, please call the BJA Performance Tools Help Desk at 1-888-252-6867, or send an e-mail to BJAPMT@csrincorporated.com.

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

ACTIVITY AREA DEFINITIONS

The revised JAG Accountability Measures tie your use of JAG funds to specific Activity Areas. Please use the following definitions for each activity area throughout the questionnaire.

Law enforcement—Includes all programs (e.g., crime prevention, intervention), activities, or spending conducted by a law enforcement organization. This includes all task force activity but does not include crime lab/forensics activity/programs.

Crime lab/forensics—Includes all programs, activity, or spending focused on the identification, collection, or processing of forensic evidence; for example, a Sexual Assault Nurse Examiner or Sexual Assault Response Team, or a sexual assault kit testing initiative or DNA backlog reduction program.

Crime prevention (NOT as part of a law enforcement agency)—Includes all programs, activities, or spending for crime or juvenile delinquency prevention conducted through engaging communities, institutions (e.g., schools), or individuals. These include such programs as a rape aggression defense class, an alcohol/drug awareness class for students, or a bullying prevention program.

Prosecution—Includes all programs, activities, or spending related to the prosecution of criminal defendants.

Indigent defense—Includes all programs, activities, or spending for the defense of indigent individuals.

Courts—Includes all programs, activities, or spending for courts. This includes drug courts and other specialty courts.

Corrections—Includes all, programs, activities, or spending by a residential correctional agency such as a jail or prison. This includes corrections programs focused on reentry services for inmates.

Community corrections—Includes all programs, activities, or spending by a community corrections agency. This includes community correction programs focused on reentry.

Reentry services (NOT as part of a corrections, community corrections, or court program)—Includes all programs, activities, or spending for reentry. This includes reentry programs run by private, nonprofit, or other noncorrectional government organizations.

Behavioral health (NOT as part of a corrections, community corrections, or court program)—Includes all programs, activities, or spending for mental health, substance abuse, or co-occurring treatment that are run by private, nonprofit, or other noncorrectional government organizations.

Assessment and evaluation—Includes all programs, activities, or spending for the assessment or evaluation of programs, policies, practices, or technology. This also includes strategic planning activities. For example, this could be the development of a strategic plan, an evaluation of a drug treatment service, or the cost-benefit analysis of adopting body-worn cameras.

Crime victim/witness services—Includes all programs, activities, or spending focused on assisting crime victims, families, or witnesses. For example, this could be a 24-hour domestic violence hotline, an emergency shelter, or food distribution services for displaced victims.

Other—Includes all uses of JAG funding not captured in any other activity area.

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GENERAL INFORMATION MODULE

The General Information Module collects information on your award status and organization in general. It should be completed by all grantees and subgrantees for each reporting period the award is active.

1. Have you completed all project activities and expended all funds during the reporting period?
 - A. Yes; a final report will be created closing out the PMT reporting requirements after this report is complete.
 - B. No; please continue.

2. Was there **grant activity** during the reporting period? *“Grant activity” includes the expenditure of any grant funds or the operation of any grant-funded program, activity, or event. By selecting “Yes,” you are indicating that during the reporting period, your program is operational, meaning you either spent JAG funds or conducted any activities or services. By selecting “No,” you are indicating that for during the reporting period, your program is nonoperational, meaning you did not spend any JAG funds or conduct any activities or services.*
 - A. Yes
 - B. No **(skip to the Goals and Objectives module)**
 - C. If No, please explain: _____

3. What type of agency is this report for? *Please check the response that best matches your organization type.*
 - A. ____ Law enforcement agency (sheriff, police department, highway patrol, university police, etc.)
 - B. ____ Crime laboratory/forensics agency
 - C. ____ Correctional agency
 - D. ____ Community corrections agency
 - E. ____ Prosecutor’s office
 - F. ____ Public defender’s office
 - G. ____ Court (general or specialty court)
 - H. ____ Local government (mayor’s office, city council, etc.)
 - I. ____ State government (SAA or other state agency)
 - J. ____ College or university
 - K. ____ Nonprofit or for-profit organization
 - L. ____ Tribal government
 - M. ____ Other **(please describe)**

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4. To the best of your knowledge, which of the following resources has your organization accessed during the reporting period, regardless of JAG funding? *Check all that apply.*
- A. ____ Crimesolutions.gov provides information on several crime reduction and prevention programs and practices.
 - B. ____ NTTAC (National Training and Technical Assistance Center) serves as BJA's training and technical assistance center. You can find resources, tools, webinars, and TTA support on a variety of criminal justice issues and initiatives.
 - C. ____ NCJP.org contains resources to support strategic planning, program development, and implementation of evidence-based policy and practice.
 - D. ____ [Evidence-Based Policing Matrix](#) provides information on evidence-based practices for law enforcement.
 - E. ____ [What Works in Reentry Clearinghouse](#) provides research on the effectiveness of reentry programs and practices.
 - F. ____ [Research to Practice](#) promotes the dissemination of research on drug courts to practitioners and policymakers.
 - G. ____ My organization did not access any of the above resources during the reporting period.
 - H. ____ Other (please specify): _____

Community Activity Questions

The following questions ask about your agency activities in general, regardless of JAG funding.

5. During the reporting period, has your agency conducted or sponsored a systematic survey of citizens on any of the following topics? *Check all that apply.*
- A. ____ Public satisfaction with police services
 - B. ____ Public satisfaction with prosecution services
 - C. ____ Public satisfaction with public defender/indigent defense services
 - D. ____ Public satisfaction with courts
 - E. ____ Public perceptions of crime/disorder problems
 - F. ____ Personal crime experiences of citizens
 - G. ____ None of the above surveys were conducted/sponsored on these topics
 - H. ____ Unsure/don't know

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6. How often was your organization involved in the following community activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Hosted community meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended community meetings, advisory boards, or roundtables	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distributed a newsletter, e-mail, or other bulletin	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended community events (e.g., national night out, block parties, festivals)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted social media activities (e.g., Facebook, Twitter)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted outreach to minority populations (e.g., racial, ethnic, religious, LGBTQI)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please describe						

Law Enforcement Agencies ONLY–Please complete the following question regardless of JAG funding.

7. In the last year, which of the following activities or programs did your agency use to foster community involvement? *Check all that apply.*
- A. ____ Citizen review board/other review board with citizen representation
 - B. ____ Citizen's police academy
 - C. ____ Internships for university or high school students
 - D. ____ Volunteer programs
 - E. ____ Auxiliary police officer program
 - F. ____ Police cadet program
 - G. ____ K-12 school programs
 - H. ____ Youth athletic programs
 - I. ____ None of the above
 - J. ____ Unsure/don't know
 - K. ____ Other **(please describe)**

**ALL GRANTEES AND SUBGRANTEES:
PLEASE CONTINUE TO FUNDING MODULE**

**BUREAU OF JUSTICE ASSISTANCE
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FUNDING MODULE

All grantees and subgrantees must provide the amount of JAG funds allocated in each of the following categories for the life of the award. **Grantees who subaward JAG funds: Please only report on the funds used by your organization.** Subawarded funds should be reported under the subaward in the PMT.

1. Please enter the amount of JAG funds **allocated** to each category below. *Allocations can be updated as needed and should represent the entire life of the award. Please refer to the definitions on page 2 of this questionnaire when completing the allocations table. Funding used for programs or task forces must be split into their constituent parts (personnel, equipment, etc.). It is not sufficient to report all program or task force funds in the "Other" category.*

Activity Area	Personnel ¹	Equipment, Supplies, and Technology ²	Consultants and Contracts ³	Training and Conferences ⁴	Other ⁵
Law enforcement					
Crime lab/forensics					
Crime prevention					
Prosecution					
Indigent defense					
Courts					
Corrections					
Community corrections					
Reentry services					
Behavioral health					
Assessment and evaluation					
Crime victim/witness services					
Other					
Administrative Set-Aside <i>Direct grantees only, up to 10% of award amount</i>					
Total Allocations	\$autosum	\$autosum	\$autosum	\$autosum	\$autosum

¹ **Personnel** includes any overtime or salary expenditures paid for with JAG funds.

² **Equipment, Supplies, and Technology** includes all items that are paid for with JAG funds.

³ **Consultants and Contracts** includes all fees associated with a consultant (including travel expenses) as well as any contract for a product or service.

⁴ **Training and Conferences** includes costs associated with hosting, developing, or attending a training or conference, such as travel, lodging, or registration. Personnel salary or pay for individuals attending training should be reported under the Personnel section.

⁵ **Other** includes administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

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Personnel

Please report on all costs for overtime or salary expenditures paid for with JAG funds.

2. During the reporting period, did you expend any JAG funds on personnel overtime, salary, or pay?
 - A. Yes/No **(if No, skip to next section, Equipment, Supplies, and Technology Enhancements)**
3. What has personnel funding been used for during the reporting period? *Check all that apply.*
 - A. ____ Overtime hours **(answer Question 4)**
 - B. ____ Personnel salary/pay, includes fringe benefits **(answer Questions 5 and 6)**
4. How many overtime **hours** were funded by JAG during the reporting period in each of the following activity areas? *Overtime hours are those that nonexempt employees work beyond normal working hours (usually 40) during a work week.*

	Activity Area	Number of Overtime Hours
A.	Law enforcement	
B.	Crime lab/forensics	
C.	Crime prevention	
D.	Prosecution	
E.	Indigent defense	
F.	Courts	
G.	Corrections	
H.	Community corrections	
I.	Reentry services	
J.	Behavioral health	
K.	Assessment and evaluation	
L.	Crime victim/witness services	
M.	Other	

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5. How many personnel had salary or pay funded, at least partially, with JAG funds during the reporting period in each of the following activity areas? *Please count each person once, regardless of the amount of JAG funds used toward salary or pay.*

	Activity Area	Number of Personnel
A.	Law enforcement	
B.	Crime lab/forensics	
C.	Crime prevention	
D.	Prosecution	
E.	Indigent defense	
F.	Courts	
G.	Corrections	
H.	Community corrections	
I.	Reentry services	
J.	Behavioral health	
K.	Assessment and evaluation	
L.	Crime victim/witness services	
M.	Other	

6. How many new **positions** were created with JAG funds during the reporting period? *Please only report each newly created position once during the reporting period in which the position was classified. If no position was created this reporting period or if the position was reported during a previous reporting period, please enter "0."*

A. Enter number: _____

Equipment, Supplies, and Technology Enhancements

Please report on all costs for equipment, supplies, and technology improvements. Include all software, installation, maintenance, service, and warranties included or purchased with the item.

7. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements?

A. Yes/No (**if No, skip to next section, Consultants and Contracts**)

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8. Please complete the table below indicating the number and cost of items purchased in each BJA-defined category. **Individual line-item reports are not needed.** Please aggregate purchases to the BJA-defined categories in the attached Appendix. If an item is not found in the Appendix, please report it in Question 9 (e.g., office supplies).

	General Category (Select Category)	Specific Category (Select Category)	Total Quantity Purchased	Total JAG Funds Spent
1.	<Please select category>	<Please select category>		\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
				\$autosum

9. Please describe all other equipment, supplies, or technology enhancements purchased during the reporting period. *You may also use this space to share any additional details about your equipment purchase you feel are not adequately captured elsewhere in the PMT.*

Consultants and Contracts

Please report on all costs associated with a consultant (including travel expenses) as well as any contract for a **product** or **service**. This includes cell phone or data service.

10. During the reporting period, did you expend any JAG funds on consultants or contracts?

A. Yes/No **(if No, skip to next section, Training)**

11. Please describe what consultants and/or contracts were paid for with JAG funds during the reporting period. Please include names, titles, and areas of expertise where applicable.

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Training

All job-related training should be reported in this section, including training hosted or developed. Educational programs for the general public should NOT be reported in this section (e.g., crime prevention). For grantees and subgrantees with awards of \$25,000 or more, educational programs will be captured in the next sections. **Please fill out these questions for each unique training that occurred during the reporting period.**

12. During the reporting period, did you expend any JAG funds on attending, hosting, or developing training?
- A. Yes/No **(if No, skip to next section, Other)**
13. What type of JAG-funded training activities occurred during the reporting period?
Check all that apply, and complete each applicable section.
- A. ____ Individuals **attended** training/conference hosted by an outside organization
(Questions 14–17)
- B. ____ Organization **hosted** training/conference (attended by employees from inside and/or outside your organization) **(Questions 18–23)**
- C. ____ Organization **developed** training course/curriculum **(Questions 24–27)**

Attended Training/Conference

For each training attended by your organization's employees *during the reporting period* that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or conferences attended.

14. What type of training was attended? *Check all that apply.*
- A. ____ Certification training (training required to obtain a certification)
- B. ____ In-service/annual training (training required to keep certification active or maintain proficiency)
- C. ____ Skill building (training that increases the skill or knowledge of employees in a particular area)
- D. ____ Leadership/management (training for managers or administrators)
- E. ____ Conference
- F. ____ Other **(please describe)**

15. Please provide a short description of the training/conference:

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16. How many hours did the training course last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*
A. ____ hours
17. How many individuals were paid for with JAG funding to attend this training?
A. Enter number: ____

Hosted Training/Conference

For each training/conference your organization hosted *during the reporting period* that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or conferences hosted.

18. What type of training/conference was hosted? *Check all that apply.*
A. ____ Certification training (training required to obtain a certification)
B. ____ In-service/annual training (training required to keep certification active or maintain proficiency)
C. ____ Skill building (training that increases the skill or knowledge of employees in a particular area)
D. ____ Leadership/management (training for managers or administrators)
E. ____ Conference
F. ____ Other **(please describe)**
19. Please provide a short description of the training/conference:

20. How many employees from within your organization attended this training/conference?
A. Enter number: ____
21. How many individuals from outside your organization attended this training/conference?
A. Enter number: ____
22. How many hours did the training/conference last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*
A. ____ hours

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23. Do you use a standardized evaluation instrument to evaluate your training/conference?
A sample standardized evaluation instrument can be found at <http://portal.hud.gov/hudportal/documents/huddoc?id=50945.doc>.
A. Yes/No

Developed Training Course/Curriculum

For each training course/curriculum your organization developed that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or curricula developed.

24. What type of training course/curriculum was developed?
- A. ____ Certification training (training required to obtain a certification)
 - B. ____ In-service/annual training (training required to keep certification active or maintain proficiency)
 - C. ____ Skill building (training that increases the skill or knowledge of employees in a particular area)
 - D. ____ Leadership/management (training for managers or administrators)
 - E. ____ Conference
 - F. ____ Other **(please describe)**
25. Please describe the developed training course/curriculum. *Please include the targeted audience, primary sources used in the development of your curriculum, and a brief overview.*
-
-
26. How many hours is the training course/curriculum designed to last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*
- A. ____ hours
27. What is the intended mode of delivery for your training course/curriculum? *Check all that apply.*
- A. ____ Classroom based (e.g., in-person, face to face)
 - B. ____ Web based (e.g., webinar)
 - C. ____ Prerecorded (e.g., training videos)
 - D. ____ Self study (e.g., manuals, guidebooks, or other materials)
 - E. ____ Other **(please describe)**

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Other

Please report on all costs related to “Other,” including administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

28. During the reporting period, did you expend any JAG funds for other reasons not explained elsewhere in this section?

A. Yes/No **(if No, skip to next section)**

29. Please describe any other use of JAG funds during the reporting period.

ALL GRANTEES AND SUBGRANTEES:
PLEASE CONTINUE TO THE ACTIVITY/PROGRAM SELECTION MODULE.

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APPENDIX: EQUIPMENT AND SUPPLIES LIST

Please use the list below when selecting categories for equipment and supply purchases. Numbered categories represent the General category, and the lettered categories represent the Specific category. For example, a purchase of a police patrol car would be entered as General category: Vehicles and accessories, and Specific category: Patrol cars.

This list contains three types of equipment and supplies. **Controlled** items, identified in General category 1, are controlled by the federal government and require a specific waiver before purchase. Items marked **Waiver Required** in other sections are not controlled by the federal government but still require a waiver under the provisions of the JAG program. All other listed items can be purchased without requesting a waiver.

Note: Some items are prohibited from purchase with federal funds. This includes tracked armored vehicles; weaponized aircraft, vessels, or vehicles; any firearms or ammunition of .50-caliber or higher; grenade launchers; bayonets; and camouflage uniforms. If you have any questions about whether your equipment is prohibited, controlled, or requires a waiver, please contact your State Administering Agency or State Policy Advisor at BJA.

1. Controlled Items

- A. Manned aircraft, fixed wing (*airplanes*) (Controlled)
- B. Manned aircraft, rotary wing (*helicopters*) (Controlled)
- C. Unmanned aerial vehicles (*drones*) (Controlled)
- D. Armored vehicles, wheeled (*Lenco Bearcat or similar*) (Controlled)
- E. Tactical vehicles, wheeled (*humvee, transport, or similar vehicles*) (Controlled)
- F. Command and control vehicles (*incident response vehicles, mobile headquarters, etc.*) (Controlled)
- G. Nonservice-issued firearms (*any specialized firearm*) (Controlled)
- H. Nonservice-issued ammunition (*any ammunition for above*) (Controlled)
- I. Explosives and pyrotechnics (*flash bangs, explosive breaching tools*) (Controlled)
- J. Breaching apparatus (*battering ram, other entry devices*) (Controlled)
- K. Riot batons, helmets, and shields (Controlled)

2. Camera/Surveillance Equipment

- A. In-car cameras
- B. On-person/body-worn cameras
- C. Surveillance equipment
- D. Undercover surveillance equipment

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3. Computer Equipment
 - A. Mobile data terminal
 - B. Other computers (*desktop, laptop, server, etc.*)
 - C. Tablet/portable device/smart phone
 - D. Wireless access equipment (*aircards*)
 - E. Records management/database software
4. Vehicles and Accessories
 - A. Patrol cars
 - B. Personal transport vehicles (*Segway®, golf cart*) (**Waiver Required¹**)
 - C. Nonpatrol vehicles (**Waiver Required**)
 - D. License-plate readers
 - E. Automatic vehicle locator
 - F. Bicycles and related equipment
 - G. Patrol boats
 - H. Nonpatrol boats/vessels (**Waiver Required**)
5. Weapons
 - A. Less-lethal weapons (*batons, oleoresin capsicum sprays, conductive energy devices, CS gas, and all other weapons designed to control individuals through less than lethal means*)
 - B. Patrol handguns (*must be under .50 caliber*)
 - C. Patrol long guns (rifles and shotguns) (*must be under .50 caliber*)
 - D. Duty-use ammunition (*must be under .50 caliber*)
 - E. Training/simulated weapons
6. Duty Equipment (not including weapons)
 - A. Soft body armor²
 - B. Clothing/uniforms (*can be woodland patterned, desert patterned, or a solid color*)
 - C. Duty belts and nonweapon duty equipment (*flashlights, handcuffs, etc.*)
 - D. Portable radio equipment and accessories

¹ Personal transport vehicles only require a waiver if they are licensed or registered in your jurisdiction.

² Only includes body armor issued for daily use as part of an officer's service gear. Typically a soft Kevlar armor is rated as type II or IIIA by the NIJ. Other types of body armor (SWAT, hard armors) are federally controlled and must be reported as such.

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7. Technology

- A. Breath-testing equipment
- B. Dispatch equipment (*consoles, 911 phone systems*)
- C. Electronic ticketing equipment
- D. Offender tracking systems (*GPS, electronic monitoring*)
- E. Speed detection equipment (*radar/LIDAR units*)
- F. Training simulators (*firearms, driving*)
- G. Cell site simulators/IMSI catchers (*StingRay®, HailStorm®, etc.*)
- H. Acoustic gunshot detection system (*ShotSpotter®*)

8. Forensics/Evidence

- A. Forensic lab equipment (*cyanoacrylate fuming chamber, mass spectrometer, etc.*)
- B. Sexual assault kits/physical evidence recovery kits
- C. Digital recreation and measurement systems (*3D modeling, point cloud mapping, etc.*)

9. Animals and Animal Equipment

- A. Canines and related equipment
- B. Horses and equine equipment

10. Medical

- A. Emergency medical services supplies
- B. Pharmaceuticals for treating overdose or addiction (*naloxone, Narcan®, naltrexone, buprenorphine, methadone, etc.*)
- C. Medical (*first-aid kits, defibrillators*)

**BUREAU OF JUSTICE ASSISTANCE
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ACTIVITY/PROGRAM SELECTION MODULE

Please read each possible activity area definition carefully and completely before answering the question.

If you have any questions about how your JAG funding fits into these categories, please contact the Help Desk at 1-888-252-6867 or bjapmt@csrincorporated.com.

1. Please select the area(s) below that had JAG-funded activity during the reporting period. *Check all that apply.*

Note: JAG-funded activity includes the expenditure of any grant funds or the operation of any grant-funded program, activity, or event. This includes paying for part or all of personnel salary, overtime hours, equipment, or any other expenditures for activities or programs in the activity category. **[Please refer to the definitions on page 2 of the JAG Short questionnaire.]**

- A. ☐ Law enforcement
- B. ☐ Crime lab/forensics
- C. ☐ Crime prevention
- D. ☐ Prosecution
- E. ☐ Indigent defense
- F. ☐ Courts
- G. ☐ Corrections
- H. ☐ Community corrections
- I. ☐ Reentry
- J. ☐ Behavioral health
- K. ☐ Assessment and evaluation
- L. ☐ Crime victim/witness services
- M. ☐ None of the above describes my use of JAG funds. **Please skip to the Goals and Objectives module.**

GRANTEES AND SUBGRANTEES WITH AWARDS UNDER \$25,000:
PLEASE SKIP TO THE GOALS AND OBJECTIVES MODULE. THIS WILL
COMPLETE YOUR REPORTING REQUIREMENTS.

GRANTEES AND SUBGRANTEES WITH AWARDS OVER \$25,000:
CONTINUE TO THE PROGRAM ACTIVITY AREA QUESTIONS, AS
SELECTED ABOVE.

**BUREAU OF JUSTICE ASSISTANCE
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LAW ENFORCEMENT MODULE

This module asks questions of grantees and subgrantees that use JAG funding for law enforcement services or programs. This includes all funding spent for law enforcement purposes, including task force activity. Please repeat these questions for each program or task force that receives JAG funds.

General Agency Information—All Law Enforcement Grantees and Subgrantees Must Answer

1. What is the jurisdiction(s) of the law enforcement agency? *This can be a city, town, county, parish, township, state, tribe, or other politically defined area; for example, New York City or Washington County.*

A. Jurisdiction(s) name: _____

2. What is the population for the jurisdiction(s) that the law enforcement agency serves? *For most jurisdictions, population data can be found by entering your jurisdiction's name at <http://factfinder2.census.gov>. Please report population data from the most recent census (2010).*

A. Population: _____

3. How many employees did your law enforcement agency have on staff *as of the last day of the reporting period*? Please count both full- and part-time employees.

	JAG funded	Non-JAG funded
Sworn personnel		
Nonsworn (civilian) personnel		
	Autosum	Autosum

4. Does the agency utilize a strategic management accountability system to gather and disseminate information within the agency (e.g., CompStat, stratified policing)? *Strategic management accountability systems typically include a focus on the use of relevant and timely data, the production of reports detailing problems and actions taken to solve them, and regular meetings with management to discuss strategies.*

A. Yes/No

5. Does the agency use any of the following deconfliction tools?

A. ____ Yes, RISSafe

B. ____ Yes, SAFETNet

C. ____ Yes, Case Explorer

D. ____ No, we do not use any of these deconfliction tools

E. ____ Unsure/don't know

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6. During the reporting period, did you operate a task force and/or law enforcement program partially or fully funded by JAG? *Please complete the following group of questions for each specific program or task force. Check all that apply.*
- A. ____ Yes, a law enforcement **program**. *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
 - B. ____ Yes, a **task force**. *Task forces are targeted or organized law enforcement initiatives conducted by a special unit or group to achieve a specific purpose.*
 - C. ____ No, none of these **(skip to end of module)**

Programs—Grantees and Subgrantees Funding a Program/Task Force Must Answer

7. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

8. What is the name of this program or task force?
- A. Name: _____
9. What was the initiation year of this program or task force, regardless of when it received JAG funding?
- A. Year: _____
10. Are you or a partner planning or conducting an evaluation of this program or task force?
- A. Yes/No
 - B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
11. Did the program or task force receive technical assistance during the reporting period?
- A. Yes/No

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12. What type of crime/problem does your program or task force focus on? *Please be as specific as possible. Check all that apply.*

Violent Crime/Problems

- A. ☐ All violent crime in the jurisdiction
- B. ☐ Homicide
- C. ☐ Human trafficking (sex and/or labor)
- D. ☐ Domestic violence
- E. ☐ Child abuse
- F. ☐ Child pornography and exploitation
- G. ☐ Sexual assault
- H. ☐ Terrorism

Property Crime/Problems

- I. ☐ All property crime in the jurisdiction
- J. ☐ Auto theft
- K. ☐ Burglary

Societal Crimes/Problems

- L. ☐ Drug crime (i.e., street drugs)
- M. ☐ Prescription drug crime
- N. ☐ Disorder/quality-of-life incidents
- O. ☐ Prostitution
- P. ☐ Cybercrime
- Q. ☐ White-collar crime
- R. ☐ Healthcare fraud
- S. ☐ Status offenses (e.g., truancy, underage drinking)

General Crime/Problems

- T. ☐ Hate crime
- U. ☐ Gun crime
- V. ☐ Traffic/auto violations/crashes
- W. ☐ All crime in the jurisdiction
- X. ☐ Other **(please describe)**

13. What population does your program or task force focus on? *Check all that apply.*

- A. ☐ Adults
- B. ☐ Elderly
- C. ☐ Gangs
- D. ☐ Juvenile delinquents
- E. ☐ Children of incarcerated/justice-involved parents
- F. ☐ Drug-endangered children
- G. ☐ Persons with mental illness
- H. ☐ All victims
- I. ☐ Other **(please describe)**

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14. What is the primary target area of the program or task force? *Please check the response that best fits your program/task force.*
- A. ____ Specific landmark or place (e.g., shopping mall, school, neighborhood)
 - B. ____ Hot spots (a number of blocks or street segments that have been identified as experiencing a disproportionate share of the jurisdiction's problem)
 - C. ____ Entire jurisdiction
 - D. ____ Multijurisdictional/cross jurisdictional
15. Does your program or task force focus efforts around any of the following models? *Check all that apply.*
- A. ____ Community-oriented approach (community policing)
 - B. ____ Problem-solving approach (problem-oriented policing such as the SARA model)
 - C. ____ Geographic focus (hot spots policing)
 - D. ____ High-rate offender focus (focused deterrence)
 - E. ____ High-rate group/gang focus (pulling levers)
 - F. ____ Procedural justice (ensuring individuals feel law enforcement is fair and just)
 - G. ____ Unsure/don't know
 - H. ____ Other **(please describe)**

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16. How often did your program/task force conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilized directed/hot spots patrol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilized offender call-in/notification meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted public outreach (e.g., contact potential victims, focused-media outreach)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted community engagement (e.g., chief's roundtables, community advisory boards)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged in community problem solving (e.g., partnerships with businesses, faith-based institutions, community groups)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred individuals to community services, assistance, or counseling (e.g., mental health assistance, victim services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred cases for federal prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocated for the diversion of offenders from prosecution to alternative sanctions or programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverted those with mental health or substance abuse problems from arrest to treatment/drop-off centers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered a victimization-assessment tool	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided group or classroom instruction for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided direct services for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilized intervention teams (e.g., crisis intervention, domestic violence)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

17. During the reporting period, did your program or task force have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No (if No, skip next question)

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18. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Which of the following crime prevention services, if any, were provided as part of your program during the reporting period? *Check all that apply. Crime prevention is a focused effort by police and community members to eliminate both the risks of crime and the causes of crime (e.g., National Night Out,™ McGruff the Crime Dog®).*
- A. ____ Situational crime prevention and crime prevention through environmental design strategies—*approaches that change the perceived opportunities for a crime, such as leading the offender to believe the crime is more difficult or risky; for example, access control to parking lots or improved lighting on a walkway.*
 - B. ____ Youth development—*programs that promote positive behaviors and decrease negative behavior in youth; for example, any of the Blueprints Programs.*
 - C. ____ Crime awareness—*programs aimed at increasing the awareness of a crime problem, including solutions to prevent crime such as a “lock it or lose it” program.*
 - D. ____ Increase personal safety—*programs that provide instruction on increasing personal safety; for example, a rape aggression defense class.*
 - E. ____ Community building—*programs that promote community cohesion, including public safety partnerships between the community and elements of the criminal justice system; for example, National Night Out,™ police/youth mentoring, community advisory boards.*
 - F. ____ Other crime prevention service
 - G. Please describe the services you provided: _____
 - H. ____ None of the above/no crime prevention activities were conducted

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20. How often do you track the following measures to determine the success of your program or task force?

	NA/Not tracked	Daily/weekly/ monthly	Quarterly	Semiannually	Annually	Biannually
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 12)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offender recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community satisfaction with law enforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen fear of crime/victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen complaints	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Officer reported use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citations issued in lieu of arrest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other measure of success	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

21. For the following metrics tracked quarterly, please indicate if it increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If it is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 12)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen complaints	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Officer reported use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citations issued in lieu of arrest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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22. How many criminal groups were disrupted or dismantled under your program during the reporting period? *Disrupted means impeding the normal and effective operation of the group, as indicated by changes in leadership or methods of operation. Dismantled means destroying the organization's leadership, financial base, or supply network so that the organization is incapable of operating.*

A. Disrupted: _____
B. Dismantled: _____

23. During the reporting period, did you seize any firearms as a part of your JAG-funded program or task force?

A. Yes/No **(if No, skip next question)**

24. Please complete the following table with the number of firearms seized as a part of your JAG-funded program or task force during the reporting period. *If you did not seize firearms as part of your program or task force, skip this question.*

	Item	Number
A.	Total firearms seized	
B.	Firearms entered into National Integrated Ballistic Information Network (NIBIN)	
C.	Firearms traced through the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)	

25. Did your program or task force file any state or federal asset forfeiture cases during the reporting period?

A. Yes/No **(if No, skip next question)**

B. If Yes, enter number: _____

26. Which of the following items did you seize during the reporting period as part of a state or federal asset forfeiture case? *Check all that apply.*

A. _____ Drugs
B. _____ Money/currency
C. _____ Firearms
D. _____ Other physical property (e.g., cars, houses)
E. _____ None of the above

If you have another law enforcement program or task force, please repeat these measures for that program or task force.

THIS COMPLETES THE LAW ENFORCEMENT PROGRAM MODULE

**BUREAU OF JUSTICE ASSISTANCE
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CRIME LABORATORY/FORENSICS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for crime laboratory or forensic-related **services** or **programs**. This includes any expenditure of funds for crime lab/forensic activities including salaries, equipment, or programs.

General Office Information—All Grantees and Subgrantees Must Answer

1. Which of the following forensic offices are receiving JAG funds? *Check all that apply.*
 - A. ____ Law enforcement forensic/crime laboratory (includes laboratories that are part of a law enforcement agency)
 - B. ____ State/regional/private forensic/crime laboratory (includes laboratories that serve multiple jurisdictions)
 - C. ____ Medical examiner or coroner's office
 - D. ____ Crime scene processing/investigation unit
 - E. ____ Forensic examiner's office (e.g., SANE)
 - F. ____ Other **(please explain)**

2. Which of the following accreditations/certifications does your office have? *Check all that apply.*
 - A. ____ ASCLD/LAB accredited crime laboratory
 - B. ____ ISO/IEC 17025 accredited crime laboratory
 - C. ____ IAI Latent Print certified examiner(s)
 - D. ____ IAI Crime Scene certified investigator(s)
 - E. ____ IAC&ME accredited medical examiner's office
 - F. ____ IAFN SANE or AFN Forensic Nurse certification
 - G. ____ None of the above
 - H. ____ State/other certification/accreditation **(please describe)**

3. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
 - A. Number of JAG-funded staff ____
 - B. Number of non-JAG-funded staff ____

4. Do you have a program in your crime lab that is partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
 - A. ____ Yes; please continue
 - B. ____ No **(skip to end of module)**

**BUREAU OF JUSTICE ASSISTANCE
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Programs—Grantees Funding a Program Must Answer

5. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. “This JAG award” refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

6. What is the name of this program?
A. Name: _____
7. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year: _____
8. Please describe your program, including its focus (e.g., decreasing DNA backlogs for sexual assault cases), target location (e.g., the entire state, a specific city/jurisdiction), and other general information that will help us understand it.
- _____
- _____
9. During this reporting period, did your program or service have any partnerships with outside entities, groups, organizations, or programs?
A. Yes/No **(if No, skip next question)**

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10. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
Processing time	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Backlog	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity— <i>The maximum amount of items that can be handled</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workload— <i>The amount of work an individual has to do</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caseload— <i>The number of cases an individual has to handle</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capabilities (e.g., validations, tests, analysis)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

12. What is the total number of items processed **as part of your program** during the reporting period? *Items refer to specific pieces of evidence; for example, the number of guns processed as part of a gun-crime—reduction program.*

A. Enter number: _____

13. Do you use JAG funds to pay for a forensic examiner (e.g., SANE)?

A. Yes/No

B. If Yes, how many people received a forensic examination as part of your program during the reporting period? _____

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14. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

15. Did you or a partner plan or conduct an evaluation of this program during the reporting period?

A. Yes/No

B. If Yes, please summarize the purpose of the research/evaluation during the reporting period, the status of the work (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable: _____

16. Did the program receive technical assistance during the reporting period?

A. Yes/No

17. Please fill out the following table with the number of unknown samples submitted for comparison to a forensic database **as part of your program** during the reporting period. *If your program does not utilize a specific database, please enter "0" for that database.*

	Measure	Number of Sample Submissions	Prorate
A.	CODIS submissions <i>Includes all DNA evidence submitted to CODIS to help identify a person involved in a crime.</i>		<autocalc>
B.	NIBIN submissions <i>Includes all NIBIN submissions used to link firearms, casings, or projectiles to further a criminal investigation.</i>		<autocalc>
C.	AFIS/IAFIS/NGI submissions <i>Includes all fingerprints, palm prints, or other friction ridge impressions submitted to AFIS or IAFIS/NGI for the purpose of identifying the source of the print.</i>		<autocalc>

If you have another crime lab/forensics program, please repeat these measures for that program.

THIS COMPLETES THE CRIME LAB/FORENSICS MODULE

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CRIME PREVENTION MODULE

This module asks questions of non-law enforcement grantees and subgrantees that use JAG funding for crime prevention. Examples of crime prevention activities can include classes (such as rape aggression defense), awareness campaigns, or community-engagement events.

Law enforcement grantees and subgrantees should not report here; report in the **Law enforcement** module, regardless of program type.

General Agency Information—All Crime Prevention Grantees and Subgrantees Must Answer

1. What is the jurisdiction(s) your agency provides services to? *This can be a city, town, county, parish, township, state, tribe, or other politically defined area; for example, New York City or Washington County.*
A. Jurisdiction(s) name: _____
2. What is the combined population for the jurisdiction(s) that your agency serves? *For most jurisdictions, population data can be found by entering your jurisdiction's name at <http://factfinder2.census.gov>. Please report population data from the most recent census (2010).*
A. Population: _____
3. Please describe your agency. *If you are a nonprofit or community-based organization, briefly tell us your organization name and mission.*

4. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees.*
A. JAG-funded total employees: _____
B. Non-JAG—funded total employees: _____
5. During the reporting period, did you have a specific program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes; please continue
B. No **(skip to end of module)**

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Programs—Only Grantees and Subgrantees Funding a Program Must Answer

6. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. “This JAG award” refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

7. What is the name of this program?
A. Name: _____
8. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year: _____
9. Are you or a partner planning or conducting an evaluation of this program?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
10. Did the program receive technical assistance during the reporting period?
A. Yes/No
11. What type of crime/problem does your program focus on? *Please be as specific as possible. Check all that apply.*
Violent Crime/Problems
A. ____ All violent crime in the jurisdiction
B. ____ Homicide
C. ____ Human trafficking (sex and/or labor)
D. ____ Domestic violence
E. ____ Child abuse
F. ____ Child pornography and exploitation
G. ____ Sexual assault
H. ____ Terrorism

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Property Crime/Problems

- I. ☐ All property crime in the jurisdiction
- J. ☐ Auto theft
- K. ☐ Burglary

Societal Crimes/Problems

- L. ☐ Drug crime (i.e., street drugs)
- M. ☐ Prescription drug crime
- N. ☐ Disorder/quality-of-life incidents
- O. ☐ Prostitution
- P. ☐ Cybercrime
- Q. ☐ White-collar crime
- R. ☐ Healthcare fraud
- S. ☐ Status offenses (e.g., truancy, underage drinking)

General Crime/Problems

- T. ☐ Hate crime
- U. ☐ Gun crime
- V. ☐ Traffic/auto violations/crashes
- W. ☐ All crime in the jurisdiction
- X. ☐ Other **(please describe)**

12. What is the primary target area of the program? *Please check the option that best applies.*

- A. ☐ Specific landmark or place (e.g., shopping mall, school, neighborhood)
- B. ☐ Hot spots (a number of blocks or street segments that have been identified as experiencing a disproportionate share of the jurisdiction's problem)
- C. ☐ Entire jurisdiction
- D. ☐ Multijurisdictional/cross jurisdictional

13. What is the relative age of the population that is the focus of your program? *Check all that apply.*

- A. ☐ Prekindergarten youth
- B. ☐ Elementary school students
- C. ☐ Middle school students
- D. ☐ High school students
- E. ☐ Young adults (ages 18–25)
- F. ☐ Adults ages 26–64
- G. ☐ Adults ages 65 and older
- H. ☐ Other **(please explain)**

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14. What population does your program or task force focus on? *Check all that apply.*

- A. ☐ At-risk youth
- B. ☐ Children of incarcerated/justice-involved parents
- C. ☐ Drug-endangered children
- D. ☐ Persons at risk for mental illness
- E. ☐ Persons at risk for substance abuse
- F. ☐ All victims
- G. ☐ Other **(please describe)**

15. Which of the following prevention services, if any, were provided as part of your program during the reporting period? *Check all that apply.*

- A. ☐ Situational crime prevention and crime prevention through environmental design strategies—*approaches that change the perceived opportunities for a crime, such as leading the offender to believe the crime is more difficult or risky; for example, access control to parking lots or improved lighting on a walkway.*
- B. ☐ Youth development—*programs that promote positive behavior and decrease negative behavior in youth; for example, any of the Blueprints programs.*
- C. ☐ Crime awareness—*programs aimed at increasing the awareness of a crime problem, including solutions to prevent crime; for example, a “lock it or lose it” program.*
- D. ☐ Increase personal safety—*programs that provide instruction on increasing personal safety; for example, a rape aggression defense class.*
- E. ☐ Community building—*programs that promote community cohesion, including public safety partnerships between the community and elements of the criminal justice system; for example, National Night Out™.*
- F. ☐ Other
- G. Please describe the services you provided: _____

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16. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered a victimization assessment tool	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held offender call-in/notification meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed public outreach (e.g., social media, billboards, newsletters)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiated community engagement (e.g., community meetings, community advisory boards, block party)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed community problem solving (e.g., partnerships with businesses, faith-based institutions, community groups)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred to other community services/partners, assistance, or counseling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided group or classroom instruction for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided direct services for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

17. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No **(if No, skip next question)**

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18. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How often do you track any of the following measures to determine the success of your program?

	NA/Not tracked	Monthly	Quarterly	Semiannually	Annually	Biannually
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 11)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offender recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community satisfaction with law enforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen fear of crime/victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other measure of success	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

20. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please provide responses only for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted crime (e.g., drug crime, prostitution, violent crimes)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

If you have another crime prevention program, please repeat these measures for that program.

THIS COMPLETES THE CRIME PREVENTION MODULE

**BUREAU OF JUSTICE ASSISTANCE
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ACCOUNTABILITY MEASURES**

PROSECUTION MODULE

This module asks questions of grantees and subgrantees that use JAG funding for prosecution-related **services** or **programs**. This includes any expenditure of funds for prosecution activities including salaries, programs, or services.

General Office Information—All Prosecution Grantees and Subgrantees Must Answer

1. How many employees did your office have on staff *as of the last day of the reporting period? Please count both full- and part-time employees.*

	JAG funded	Non-JAG funded
Prosecutors		
Support staff		
	Autosum	Autosum

2. Does your office utilize a community-oriented model such as Community Prosecution, regardless of JAG funding?
A. Yes/No
3. Did your office utilize a victim/witness advocate during the reporting period, regardless of JAG funding?
A. Yes/No
4. During the reporting period, did you have a specific prosecution program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes; please continue
B. No **(skip to end of module)**

Programs—Grantees and Subgrantees Funding a Program Must Answer

5. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. “This JAG award” refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

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6. What is the name of this program?
A. Name: _____
7. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year: _____
8. Are you or a partner planning or conducting an evaluation of this program?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
9. Did the program receive technical assistance during the reporting period?
A. Yes/No
10. What type of crime/problem does your program focus on? *Check all that apply.*
- Violent Crime/Problems*
- A. _____ All violent crime in the jurisdiction
B. _____ Homicide
C. _____ Human trafficking (sex and/or labor)
D. _____ Domestic violence
E. _____ Child abuse
F. _____ Child pornography and exploitation
G. _____ Sexual assault
H. _____ Terrorism
- Property Crime/Problems*
- I. _____ All property crime in the jurisdiction
J. _____ Auto theft
K. _____ Burglary
- Societal Crimes/Problems*
- L. _____ Drug crime (i.e., street drugs)
M. _____ Prescription drug crime
N. _____ Disorder/quality-of-life incidents
O. _____ Prostitution
P. _____ Cybercrime
Q. _____ White-collar crime
R. _____ Healthcare fraud
S. _____ Status offenses (e.g., truancy, underage drinking)

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General Crime/Problems

- T. ____ Hate crime
U. ____ Gun crime
V. ____ Traffic/auto violations/crashes
W. ____ All crime in the jurisdiction
X. ____ Other **(please describe)**

11. What population does your program or task force focus on? *Check all that apply.*

- A. ____ Adults
B. ____ Elderly
C. ____ Gangs
D. ____ Juvenile delinquents
E. ____ Children of incarcerated/justice-involved parents
F. ____ Drug-endangered children
G. ____ Persons with mental illness
H. ____ All victims
I. ____ Other **(please describe)**

12. What is the primary target area of the program? *Check the area that best fits.*

- A. ____ Specific landmark, neighborhood, or place (e.g., shopping mall, school, neighborhood)
B. ____ Hot spots (a number of blocks or street segments that have been identified as experiencing a disproportionate share of the jurisdiction's problem)
C. ____ Entire jurisdiction
D. ____ Multijurisdictional/cross jurisdictional

13. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 10)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time for investigation and/or preparation for cases	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of alternatives to incarceration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Use of diversion from prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to bring cases to disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caseload	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of early screening of cases	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of risk assessments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim notification	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

14. Does your program focus your efforts on any of the following? *Check all that apply.*

- A. ____ Prioritizing violent/serious/dangerous offenders
- B. ____ Vertical prosecution
- C. ____ Specialty courts (drug, family, or other courts)
- D. ____ Geographical zone prosecution
- E. ____ Community prosecution
- F. ____ Improving witness cooperation
- G. ____ Other **(please describe)**

15. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered victim/community satisfaction survey(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held offender call-in/notification meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed public outreach (e.g., contact potential victims, focused media outreach)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in community engagement activities (e.g., roundtables, community advisory boards)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed community problem solving (e.g., partnerships with businesses, faith-based institutions, community groups)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred to community services, assistance, or counseling (e.g., mental health assistance, victim services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BUREAU OF JUSTICE ASSISTANCE
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Referred for federal prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverted from prosecution (pre- or post-charge)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used victim/witness advocate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used alternatives to incarceration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held victim–offender dialogue meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided mediation/restorative justice	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

16. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No **(if No, skip next question)**

17. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**BUREAU OF JUSTICE ASSISTANCE
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Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please fill out the following table with the number of criminal cases handled **as part of your prosecution program** during the reporting period, **regardless of JAG funding**.

	Measure	Number of Cases	Prorated Total
A.	Total NEW cases <i>Includes all new cases assigned to your program during the reporting period.</i>		autocalc
B.	Total cases disposed <i>Includes all cases disposed of during the reporting period. A disposition is defined as one client seeing one judge deciding any number of charges on the same day.</i>		autocalc
C.	Of the total cases disposed, what was the total number of cases where the prosecutor recommended alternatives to incarceration, either following a plea bargain or at sentencing?		autocalc

If you have another prosecution program, please repeat these measures for that program.

THIS COMPLETES THE PROSECUTION MODULE

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

INDIGENT DEFENSE MODULE

This module asks questions of grantees and subgrantees that use JAG funding for indigent defense-related **services** or **programs**. This includes any expenditure of funds for indigent defense activities including salaries, equipment, or programs.

General Office Information—All Indigent Defense Grantees and Subgrantees Must Answer

1. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees.*

	JAG funded	Non-JAG funded
Public defenders		
Support staff		
	Autosum total	Autosum total

2. What is your office's standard operating procedure for the use of vertical defense? *Vertical defense is the practice of having one attorney represent the client from the beginning to the completion of the case.*
- A. ____ We use vertical defense in all cases except when a specialist is necessary
B. ____ We use vertical defense as time and manpower permit
C. ____ We do not commonly use vertical defense
D. ____ Other **(please describe)**
3. During the reporting period, did you have a specific indigent defense program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
- A. Yes; please continue
B. No **(skip to end of module)**

Programs—Grantees and Subgrantees Funding a Program Must Answer

4. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

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5. What is the name of this program?
A. Name: _____
6. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year: _____
7. Please describe your program, including its focus, target population, and target location if applicable.

8. Are you or a partner planning or conducting an evaluation of this program?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
9. Did the program receive technical assistance during the reporting period?
A. Yes/No
10. Does your indigent defense program prescribe to any of the following models? *Check all that apply.*
A. _____ Holistic defense
B. _____ Family-integrated defense/fatherhood program
C. _____ Mediation/restorative justice
D. _____ We do not follow a specific model
E. _____ Other **(please describe)**
11. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
A. Yes/No **(if No, skip next question)**

**BUREAU OF JUSTICE ASSISTANCE
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12. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
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Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered client/community satisfaction survey(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

14. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
Reliance on outside counsel	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caseload	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to appointment of council	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to first contact with client	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cases diverted	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial motions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent on case preparation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent on case investigations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

15. Please fill out the following table with the number of criminal cases handled **as part of your indigent defense program** during the reporting period, **regardless of JAG funding**.

	Measure	Number of Cases	Prorate
A.	Total NEW cases <i>Includes all new cases assigned to your office during the reporting period.</i>		autocalc
B.	Total cases disposed <i>Includes all cases disposed of during the reporting period. A disposition is defined as one client seeing one judge deciding any number of charges on the same day.</i>		autocalc

If you have another indigent defense program, please repeat these measures for that program.

THIS COMPLETES THE INDIGENT DEFENSE MODULE

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

COURT MODULE

This module asks questions of grantees and subgrantees that use JAG funding for court-related **services** or **programs**. This includes any expenditure of funds for court activities including salaries, equipment, or programs.

General Court Activity—All Court Grantees and Subgrantees Must Answer

1. What is the court's jurisdiction(s)? *This can be a city, town, county, parish, township, state, tribe, or other politically defined area; for example, New York City or Washington County.*
A. Jurisdiction(s) name: _____
2. What is the population for the jurisdiction(s) the court serves? *For most jurisdictions, population data can be found by entering its name at <http://factfinder2.census.gov>. Please report population data from the most recent census (2010).*
A. Population: _____
3. How many judges serve this jurisdiction?
A. Judges: _____
4. During the reporting period, did you have a specialty court or specific program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes **(please continue)**
B. No **(skip to end of module)**

Court Programs—Grantees and Subgrantees Funding a Court Program Must Answer

5. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this court program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

6. What is the name of this court program?
A. Name: _____

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7. What was the initiation year of this court program, regardless of when it received JAG funding?

A. Year: _____

8. Please describe your court program, including its focus, target population, and target location if applicable.

9. Is this a specialty court?

A. Yes/No **(if No, skip next question)**

10. If a specialty court, what type of court are you funding? *Please select the court type that best fits.*

- A. ____ Family court
- B. ____ Community court
- C. ____ Drug court
- D. ____ DUI/DWI court
- E. ____ Mental health court
- F. ____ Veterans treatment court
- G. ____ Domestic violence court
- H. ____ Teen/youth court
- I. ____ Tribal court (e.g., Healing to wellness)
- J. ____ Other **(please describe)**

11. What is the population that your court program serves? *Please check the response that best fits.*

- A. ____ Adults
- B. ____ Juvenile/youth
- C. ____ Both

12. How many employees did your court program have on staff as of the last day of the reporting period? *Please count both full- and part-time employees.*

	JAG funded	Non-JAG funded
Judges		
Other staff		
	Autosum	Autosum

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13. What court services did you provide or a partner agency provide for participants during the reporting period? *Check all that apply.*
- A. ____ Cognitive based. *These include therapeutic programs used to change criminal thinking and behavior. Examples include moral reconnection therapy, Think for a Change, and aggression replacement training.*
 - B. ____ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
 - C. ____ Employment. *These services are designed to help individuals find and obtain suitable job opportunities.*
 - D. ____ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
 - E. ____ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing. Transitional housing can also be included in these services.*
 - F. ____ Mental health. *These services are provided in correctional facilities or in the community for those individuals under supervision. Services may include counseling programs or group self-help programs.*
 - G. ____ Mentoring. *These services can be provided on a one-to-one basis or in a group setting and seek to support individuals in developing a positive sense of self, learning teamwork and social skills, and becoming productive members of society.*
 - H. ____ Court-appointed advocate/guardian ad litem. *This person has the legal authority to care for the personal and property interests of another person and can be a lawyer, family member, volunteer, or other authorized individual.*
 - I. ____ Pro-social. *These services utilize directed skill building to help individuals interact in a positive way with others.*
 - J. ____ Substance abuse. *These services include substance abuse education, treatment, or aftercare.*
 - K. ____ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
 - L. ____ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
 - M. ____ Individualized case planning. *These services include helping participants set goals, objectives, and conditions for reentering into society.*
 - N. ____ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
 - O. ____ Other **(please describe)**

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14. How often did your court conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered client satisfaction survey(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailored responses/case planning based on the risk, needs, and responsivity principles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged the use of positive reinforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged community and family support for participants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine offender's risk of reoffending.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine offender needs.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided treatment to address "criminal thinking," such as Thinking for a Change, moral reconnection therapy, or Reasoning and Rehabilitation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used graduated sanctions and incentives.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held victim/offender dialogue meetings.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed drug and alcohol testing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred to other community services/partners assistance/counseling.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain.						

15. Are you or a partner planning or conducting an evaluation of the program?

A. Yes/No

B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

16. Did the program receive technical assistance during the reporting period?

A. Yes/No

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17. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No **(if No, skip next question)**

18. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing prescribed services (e.g., education/GED, drug treatment services, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduation rate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted crime (e.g., DUI, prostitution, domestic/family violence)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive (i.e. failed) drug/alcohol tests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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20. Please complete the following table with the number of people involved in your court program during the reporting period, **regardless of JAG funding**.

	Item	Number	Prorated Table
A.	Candidates screened for eligibility during the reporting period <i>Candidates are those identified at the time of arrest or referred by criminal justice professionals (prosecutor, defense attorney, probation officer, judge, etc.) but who may not necessarily be deemed eligible for participation.</i>		autocalc
B.	NEW admitted people entering court/program this reporting period <i>New participants are unique people who were not enrolled in the court program in previous reporting periods. People who exit the court program without completion and are readmitted or who have graduated and reentered may be counted twice.</i>		autocalc
C.	TOTAL number of participants enrolled in the court/program as of the last day of the reporting period <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
D.	Participants successfully completing all court/program requirements, excluding financial obligations, this reporting period <i>The number entered should represent only those participants who successfully completed all the requirements of the court program during the reporting period. Those being held because of financial obligations (e.g., owing money to the court for their drug testing) should still be counted.</i>		autocalc
E.	Number of participants who did not complete the court/program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, case transfer, absconding, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another court program, please repeat these measures for that program.

THIS COMPLETES THE COURT MODULE

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CORRECTIONS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for corrections-related **services** or **programs**. This includes any expenditure of funds for corrections activities, including salaries, equipment, or programs.

NOTE: You must answer the following questions for **each** JAG-funded corrections program that was operational during the reporting period.

General Agency Information—All Corrections Grantees and Subgrantees Must Answer

1. How would you best describe your facility? *Check all that apply.*
 - A. ____ Adult jail
 - B. ____ Adult prison
 - C. ____ Juvenile detention center
 - D. ____ Other **(please describe)**

2. Who does your facility house? *Check all that apply.*
 - A. ____ Adult males
 - B. ____ Adult females
 - C. ____ Juvenile males
 - D. ____ Juvenile females
 - E. ____ Other **(please describe)**

3. How many employees did your office/facility have on staff *as of the last day of the reporting period*? If the award benefits more than one facility, please report the combined number of staff. *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	JAG Funded	Non-JAG Funded
Supervision employees (correctional officers)		
Nonsupervision employees		
	Autosum	Autosum

4. What is the operational (or rated) capacity of your correctional facility(ies)? If the award benefits more than one facility, please report the combined capacity.
 - A. Enter number: ____

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5. How many people were housed at your facility *as of the last day of the reporting period*, regardless of JAG funding? If the award benefits more than one facility, please report the combined inmate/resident population.
A. Enter number: _____
6. Are you using JAG funds to support Prison Rape Elimination Act compliance?
A. Yes/No
7. Which of the following assessments or screenings does your agency typically conduct?
Check all that apply.
A. _____ Risk/needs assessment
B. _____ Mental health screening
C. _____ Substance abuse screening
D. _____ Trauma screening
E. _____ Physical health assessment
F. _____ Intellectual disabilities assessment
G. _____ None of the above **(skip next question)**
H. _____ Other **(please describe)**
8. When are candidates typically assessed/screened for the above?
A. _____ Upon arrest/preadjudication
B. _____ Within the first 6 weeks of sentencing
C. _____ Within the first 6 months of sentence/time served
D. _____ Post-release
E. _____ None of the above
F. _____ Other **(please describe)**
9. During the reporting period, did you have a specific corrections program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes **(please continue)**
B. No **(skip to end of module)**

Corrections Programs—Grantees and Subgrantees Funding a Corrections Program Must Answer

10. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program*

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outputs/data. Please note: a separate report is also required for other JAG awards funding this program.

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

11. What is the name of the facility(ies) where the program is operating? *If this is a state-wide initiative, please write "state wide."*
A. Name: _____
12. What is the name of this program?
A. Name: _____
13. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year: _____
14. Please describe the population this program serves (e.g., violent offenders, sex offenders, drug offenders).

15. Did you or a partner plan or conduct an evaluation of this program during the reporting period?
A. Yes/No
B. If Yes, please summarize the following: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who conducted the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
16. Did your program receive technical assistance during the reporting period?
A. Yes/No

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17. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Utilized an assessment tool that measures the risks and needs of participants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailored responses/case planning based on the risk, needs, and responsivity principles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged the use of positive reinforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged community and family support for inmates/detainees	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided reentry planning services for inmates nearing release	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offered alternatives to segregation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided group instruction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided treatment to address criminal thinking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided behavioral health treatment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

18. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No **(If No, Skip Next Question)**

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19. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. What is the capacity of your program? *This is the maximum number of participants your program can accommodate at any given time.*

A. Enter number: _____

21. What is your policy/practice on how people get off the waiting list and enter into the program?

22. What corrections and/or reentry services did you provide during the reporting period? *Check all that apply.*

- A. ____ Cognitive based. *These include therapeutic programs used to change criminal thinking and behavior. Examples include moral reconnection therapy, Think for a Change, or aggression replacement training.*
- B. ____ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
- C. ____ Employment. *These services are designed to help participants find and obtain suitable job opportunities.*
- D. ____ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
- E. ____ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing, including transitional housing.*
- F. ____ Mental health. *These services are provided in correctional facilities or in the community for those participants under supervision and may include counseling programs or group self-help programs.*
- G. ____ Pro-social. *These services utilize directed skill building to help participants interact in a positive way with others.*
- H. ____ Substance abuse. *These services include substance abuse education, treatment, or aftercare.*
- I. ____ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
- J. ____ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
- K. ____ Individualized case planning. *These services include helping participants set goals, objectives, and conditions for reentering into society.*

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- L. ____ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
- M. ____ Other **(please describe)**

23. How many staff members are involved in the program?

- A. JAG-funded staff: ____
- B. Non-JAG—funded staff: ____

24. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select “NA/Not tracked quarterly.”*

	NA/Not tracked quarterly	decreased	stayed same	increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug services, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of people who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding officer use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding treatment by other inmates	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding healthcare	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of reported cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of substantiated cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of reported cases of correctional officer use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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25. Please fill out the following table with the number of people who received correctional services **during the reporting period, regardless of JAG funding.**

	Item	Number	Prorated Total
A.	As of the last day of the reporting period, TOTAL number of participants enrolled in the program. <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
B.	Participants screened for eligibility for entry into the program. <i>A screening determines the appropriateness for participation in a program.</i>		autocalc
C.	NEW participants who received services for the first time. <i>New participants are unique individuals who were not enrolled in the program in previous reporting periods. Individuals who exit the program without completion and are readmitted or who have graduated and reentered may be counted again.</i>		autocalc
D.	Participants that successfully completed all program requirements. <i>The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.</i>		autocalc
E.	Number of participants who did not complete the program (unsuccessfully exited) for any reason. <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another corrections program, please repeat these measures for that program.

THIS COMPLETES THE CORRECTIONS MODULE

**BUREAU OF JUSTICE ASSISTANCE
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COMMUNITY CORRECTIONS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for a program related to community corrections. This includes probation, parole, and other community-based correctional programs.

NOTE: You must answer the following questions for **each** JAG-funded community corrections program that was operational during the reporting period. If you have more than one program, click the “Add Another Program” box at the bottom of the page.

General Agency Information—All Community Corrections Grantees and Subgrantees Must Answer

1. What is the jurisdiction(s) your agency serves? *This can be a city, town, county, parish, township, state, tribe, or other politically defined area; for example, New York City or Washington County.*
A. Jurisdiction(s) name: _____

2. How many supervisees did your agency have under supervision as of the last day of the reporting period, regardless of JAG funding?
A. Enter number: _____

3. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	JAG funded	Non-JAG funded
Supervision employees (probation/parole officers)		
Nonsupervision employees		
	Autosum	Autosum

4. During the reporting period, did you have a specific community corrections program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes **(please continue)**
B. No **(skip to end of module)**

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Programs—Grantees and Subgrantees Funding a Program Must Answer

5. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. “This JAG award” refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

6. What is the name of this program?
A. Name: _____
7. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year: _____
8. Are you or a partner planning or conducting an evaluation of this program?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
9. Did the program receive technical assistance during the reporting period?
A. Yes/No
10. Who is the target population for your program? *Check all that apply.*
A. ____ All adult community supervisees
B. ____ All juvenile community supervisees
C. ____ Subset of adult community supervisees (e.g., high-rate offenders, gang members)
D. ____ Subset of juvenile community supervisees (e.g., high-rate offenders, gang members)
E. ____ Other **(please describe)**

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11. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailored responses/case planning based on the risk, needs, and responsivity principles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged the use of positive reinforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged community and family support for participants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine offender's risk of reoffending	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine offender needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided treatment to address "criminal thinking," such as Thinking for a Change, moral reconation therapy, or Reasoning and Rehabilitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used graduated sanctions and incentives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held victim/offender dialogue meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided drug and alcohol testing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred to other community services/partners assistance/counseling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

12. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No (if No, skip next question)

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13. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	NA	1	2	3	4	5
<i>This partner is actively involved in the program</i>						
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What community corrections services did the program provide during the reporting period? *Check all that apply.*
- A. ____ Cognitive based. These include therapeutic programs used to change criminal thinking and behavior, such as moral reconnection therapy, Think for a Change, or aggression replacement training.
 - B. ____ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
 - C. ____ Employment. *These services are designed to help people find and obtain suitable job opportunities.*
 - D. ____ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
 - E. ____ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing, including transitional housing.*
 - F. ____ Mental health. *These services are provided in correctional facilities or in the community for those participants under supervision and may include counseling programs or group self-help programs.*
 - G. ____ Pro-social. *These services utilize directed skill building to help participants interact in a positive way with others.*
 - H. ____ Substance abuse. *These services include substance abuse education, treatment, or aftercare.*
 - I. ____ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
 - J. ____ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
 - K. ____ Individualized case planning. *These services help participants set goals, objectives, and conditions for reentering into society.*
 - L. ____ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
 - M. ____ Other **(please describe)**
15. How many staff members are involved in this program?
- A. JAG-funded staff: ____
 - B. Non-JAG-funded staff: ____

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16. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug services, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive (i.e. failed) drug/alcohol tests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

17. When are candidates typically screened for eligibility for services, regardless of JAG funding? *Check all that apply.*
- A. ____ Upon arrest/preadjudication
 - B. ____ Within the first 6 weeks of sentencing
 - C. ____ Within the last 6 months of sentence/time served
 - D. ____ Post-release
 - E. ____ None of the above
 - F. ____ Other **(please specify)**

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18. Please fill out the following table with the number of people who were screened or received reentry services during the reporting period regardless of JAG funding.

	Item	Number	Prorated Total
A.	Participants screened for eligibility for entry into the program during the reporting period. <i>A screening determines the appropriateness for participation in a program.</i>		autocalc
B.	NEW participants who received services for the first time <i>New participants are unique individuals who were not enrolled in the program in previous reporting periods. Individuals who exit the program without completion and are readmitted or who have graduated and reentered may be counted again.</i>		autocalc
C.	As of the last day of the reporting period, TOTAL number of participants enrolled in the program <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
D.	Participants successfully completing all program requirements <i>The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.</i>		autocalc
E.	Number of participants who did not complete the program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, case transfer, absconding, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another community corrections program, please repeat these measures for that program.

THIS COMPLETES THE COMMUNITY CORRECTIONS MODULE

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REENTRY MODULE

This module asks questions of grantees and subgrantees that use JAG funding for reentry **services** or **programs** that are post release and **not operated by a correctional agency**. This includes any expenditure of funds for reentry activities, including salaries, equipment, or programming.

NOTE: You must answer the following questions for **each** JAG-funded reentry service or program that was operational during the reporting period.

1. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

A. JAG-funded staff: _____

B. Non-JAG funded staff: _____

2. Please complete the following table for the fiscal year in which your program received funding you are now using. Please *enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

3. What is the name of this program/service?

A. Name: _____

4. What was the initiation year of this program/service, regardless of when it received JAG funding?

A. Year: _____

5. Are you or a partner planning or conducting an evaluation of this program/service?

A. Yes/No

B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

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6. Did the program/service receive technical assistance during the reporting period?
 A. Yes/No
7. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
 A. Yes/No **(if No, skip next question)**
8. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How often did your program/service conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decision making in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

10. What reentry services did the program provide during the reporting period? *Check all that apply.*

- A. ____ Cognitive based. *These services include therapeutic programs used to change criminal thinking and behavior, such as moral reconation therapy, Think for a Change, or aggression replacement training.*
- B. ____ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
- C. ____ Employment. *These services are designed to help people find and obtain suitable job opportunities.*
- D. ____ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
- E. ____ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing, including transitional housing.*

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- F. ____ Mental health. *These services are provided in correctional facilities or in the community for those participants under supervision and may include counseling programs or group self-help programs.*
- G. ____ Pro-social. *These services use directed skill building to help participants interact in a positive way with others.*
- H. ____ Substance abuse. *These services include substance abuse education, treatment, or aftercare.*
- I. ____ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
- J. ____ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
- K. ____ Individualized case planning. *These services help participants set goals, objectives, and conditions for reentering society.*
- L. ____ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
- M. ____ Other **(please describe)**

11. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug treatment, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive (i.e., failed) drug/alcohol tests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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12. When are candidates for your program typically screened for eligibility for reentry services? *Check all that apply.*

- A. ____ Upon arrest/preadjudication
- B. ____ Within first 6 weeks of sentencing
- C. ____ Within the last 6 months of sentence/time served
- D. ____ Post-release
- E. ____ None of the above
- F. ____ Other **(please specify)**

13. Please fill out the following table with the number of people who were screened or received reentry services during the reporting period, regardless of JAG funding.

	Item	Number	Prorated total
A.	Participants screened for eligibility for entry into the program during the reporting period <i>A screening determines the appropriateness for participation in a program.</i>		autocalc
B.	NEW participants who received services for the first time <i>New participants are unique individuals who were not enrolled in the program in previous reporting periods. Individuals who exit the program without completion and are readmitted may be counted again.</i>		autocalc
C.	As of the last day of the reporting period, TOTAL number of participants enrolled in the program <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
D.	Participants successfully completing all program requirements <i>The number entered should represent only those participants who successfully completed all requirements of the program during the reporting period.</i>		autocalc
E.	Number of participants who did not complete the program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, case transfer, absconding, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another reentry program, please repeat these measures for that program.

THIS COMPLETES THE REENTRY MODULE

**BUREAU OF JUSTICE ASSISTANCE
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BEHAVIORAL HEALTH MODULE

This module is required for any grantee or subgrantee who uses JAG funding to provide behavioral health services such as substance abuse treatment, mental health treatment, or co-occurring treatment as a standalone program or as part of a corrections, community corrections, or court program.

NOTE: You must answer the following questions for **each** JAG- funded program that was operational during the reporting period.

1. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

2. Which of the following services does your program provide, regardless of JAG funding? *Check all that apply.*
 - A. ____ Substance abuse treatment
 - B. ____ Mental health treatment
 - C. ____ Co-occurring treatment (includes both substance abuse and mental health treatment)
3. What is the name of this program?
 - A. Name: _____
4. What was the initiation year of this program, regardless of when it received JAG funding?
 - A. Year: _____
5. Are you or a partner planning or conducting an evaluation of this program, regardless of JAG funding?
 - A. Yes/No
 - B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

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6. Did the program receive technical assistance during the reporting period?
 A. Yes/No
7. How many treatment staff were licensed and/or certified in the following areas as of the last day of the reporting period, regardless of JAG funding?
 A. Substance abuse treatment: _____
 B. Mental health treatment: _____
 C. Co-occurring treatment: _____
8. How many treatment employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
 A. JAG-funded treatment employees: _____
 B. Non-JAG—funded treatment employees: _____
9. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
 A. Yes/No **(if No, skip next question)**
10. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney’s Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please fill out the following table with the number of participants who received services **during the reporting period**. Please report the entire participant population of your program. The JAG-funded portion will be prorated for you based on the information you previously provided.

Service type	NEW participants added during reporting period	Prorated total	TOTAL participants enrolled as of last day of reporting period	Prorated total
Substance abuse treatment only		Autocalc		Autocalc
Mental health treatment only		Autocalc		Autocalc
Co-occurring treatment		Autocalc		Autocalc
TOTAL	Autosum	Autocalc	Autosum	Autocalc

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12. If your treatment program includes medication-assisted treatment (MAT), which of the following medications are you utilizing, regardless of JAG funding? *Check all that apply.*

- A. ____ We do not provide MAT **(skip next question)**
- B. ____ Naltrexone (Vivitrol®, depot naltrexone)
- C. ____ Buprenorphine (Suboxone®, naloxone, Bup/Nx)
- D. ____ Methadone

13. Of the total participants enrolled in your program, how many were deemed eligible for or received MAT during the reporting period?

- A. Participants eligible for MAT: ____
- B. Participants receiving at least one MAT treatment: ____

14. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants for co-occurring disorders at intake	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants for trauma at intake	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants using a validated risk-needs assessment instrument	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants for suitability for group interventions and offered individual treatment as an alternative if appropriate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

15. Which of the following treatment strategies does your program employ, regardless of JAG funding? *Check all that apply.*

- A. ____ Mental health assessments
- B. ____ Substance abuse assessments
- C. ____ Family/couples counseling
- D. ____ Individual therapy
- E. ____ Group therapy

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- F. ____ Cognitive behavioral group therapy
- G. ____ Relapse prevention groups
- H. ____ Aftercare counseling
- I. ____ Drug/alcohol testing
- J. ____ Transitional housing assistance
- K. ____ Transitional employment services
- L. ____ Domestic violence/intimate partner services
- M. ____ Case management
- N. ____ Acupuncture
- O. ____ Programs for the dually diagnosed
- P. ____ Hospital inpatient substance abuse treatment
- Q. ____ Nonhospital residential substance abuse treatment
- R. ____ Ambulatory detoxification
- S. ____ Psychiatric services/psychotropic medication
- T. ____ Medication management services
- U. ____ Peer recovery support services
- V. ____ Trauma therapy
- W. ____ Assertive community treatment
- X. ____ Illness management and recovery
- Y. ____ Psychiatric emergency walk-in services
- Z. ____ Supported housing
- AA. ____ Vocational rehabilitation services
- BB. ____ Other **(please describe)** _____

16. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
Individuals completing prescribed services (e.g., mental health services, drug treatment services, co-occurring services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals engaged in services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other measure(s) of success	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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17. Does your program utilize group treatment, regardless of JAG funding?

A. Yes/No **(if No, skip next two questions)**

18. What is the average group size for the program's group treatment?

A. Enter number: _____

19. **As of the last day of the reporting period**, how many participants were retained (still active in treatment) after the following time periods? Please report the entire participant population of your program. The JAG-funded portion will be prorated for you based on the information you provided in Question 1.

	Time Period	Number Retained	Prorated Total
A.	3 months		Autocalc
B.	6 months		Autocalc
C.	9 months		Autocalc
D.	12 months or more		Autocalc

20. Does your agency/organization provide substance abuse treatment, regardless of JAG funding?

A. Yes/No **(if No, skip to end of module)**

21. Does your treatment agency offer a continuum of care for substance abuse treatment, including detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient treatment services?

A. Yes/No

22. Of those enrolled in a **substance abuse treatment program for at least 90 days**, please enter the number of participants who were tested and the number who tested positive for the presence of alcohol or illegal substances during the reporting period. Only count each participant once, regardless of the number of tests.

A. Number of participants who were tested for the presence of alcohol or illegal substances during the reporting period, regardless of number of times tested

B. Number of participants who tested positive for the presence of alcohol or illegal substances during the reporting period, regardless of number of positive results

23. Does your agency/organization provide co-occurring services, regardless of JAG funding?

A. Yes/No **(if No, skip next question)**

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24. Which of the following co-occurring treatment models do you follow, regardless of JAG funding?
- A. ____ Sequential—providing services for one disorder and then another
 - B. ____ Parallel—concurrent treatment for mental health and substance abuse
 - C. ____ Integrated—treating both in the same setting

THIS COMPLETES THE BEHAVIORAL HEALTH MODULE

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

ASSESSMENT AND EVALUATION MODULE

This module asks questions of grantees and subgrantees that use JAG funding to assess or evaluate a program, practice, or policy.

NOTE: You must answer the following questions for **each** JAG-funded assessment/evaluation that was operational during the reporting period.

1. Please complete the following table for the fiscal year in which your program received funding you are now using.

Please enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.

Funding Source	Percent of Overall Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

2. Did the assessment or evaluation project receive technical assistance during the reporting period?

A. Yes/No

3. Please provide a brief description of the program, practice, or policy being assessed or evaluated.

4. Please provide a brief description of your assessment/evaluation objectives (e.g., research question, outcome measures, goals).

5. What type of assessment(s)/evaluation(s) are you conducting? *Check all that apply.*

- A. ____ **Evaluability assessment**—describes the objectives, logic, and activities of a program to determine the ability to conduct an evaluation.
- B. ____ **Needs assessment**—evaluates the need for a program, policy, or practice by examining local conditions.
- C. ____ **Process (formative) evaluation**—evaluates the implementation or service delivery of a program, policy, or practice.
- D. ____ **Outcome (impact) evaluation**—evaluates the outcomes or impacts of a program, policy, or procedure.

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- E. ____ **Efficiency evaluation**—evaluates the costs/benefits of a program, policy, or practice to determine if the outcomes justify the cost.
- F. ____ **Other (please describe)**
6. Are you using any of the following methodologies in the assessment/evaluation? *Check all that apply.*
- A. ____ Case study
- B. ____ Longitudinal/pre-/post-no comparison group (nonexperiment)
- C. ____ Longitudinal/pre-/post with comparison group (quasiexperiment)
- D. ____ Propensity score matching (quasiexperiment)
- E. ____ Randomized controlled trial (experiment)
- F. ____ Other **(please describe)**
7. Who is performing the assessment/evaluation? *Check all that apply.*
- A. ____ External research partner
- B. ____ Internal researcher
- C. ____ **Other (please describe)**
8. How do you plan to use the results of this assessment/evaluation? *Check all that apply.*
- A. ____ To improve agency programs, policies, or practices
- B. ____ To argue for the benefits or cost effectiveness of the program, policy, or practice
- C. ____ To argue for program or funding sustainability
- D. ____ To publish papers in academic journals (e.g., *Criminology*, *Justice Quarterly*)
- E. ____ For presentations at regional/national conferences or meetings
- F. ____ For publication in a practitioner journal (e.g., *The Police Chief*, *Correctional News*)
- G. ____ To share with outside stakeholders, the public, or media
- H. ____ Other **(please describe)**
9. Please indicate the status of the following assessment/evaluation activities as of the last day of the reporting period. *If an item does not apply, check "NA."*

	Activity	NA	Not Started	In Progress	Complete
A.	Planning, strategizing, or gathering resources	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Collecting data for preintervention period	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	Collecting data for intervention period	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	Collecting data for postintervention period	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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E.	Data cleaning and analyzing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F.	Determining conclusions/final results	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G.	Producing report, presentation, or other document	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H.	Creating final report	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Have you reached any conclusions or final results for your assessment/evaluation?

A. Yes/No

B. If Yes, please briefly describe your findings

**If you have another program evaluation/assessment,
please repeat these measures for that evaluation/assessment.**

THIS COMPLETES THE ASSESSMENT AND EVALUATION MODULE

**BUREAU OF JUSTICE ASSISTANCE
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ACCOUNTABILITY MEASURES**

VICTIM/WITNESS SERVICES MODULE

This module asks questions of grantees and subgrantees that use JAG funding to provide services to crime victims and/or witnesses. This includes any programs by law enforcement, legal, medical, counseling, advocacy, or educational organizations that serve the victims of or witnesses to crime.

1. Please complete the following table for the fiscal year in which your program received funding you are now using. *Please enter whole numbers only. Total must be equal to 100%. "This JAG award" refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.*

Funding Source	Percent of Overall Program Funding
This JAG award	
All other sources	
Total	<AutoSum> = 100

2. What is the name of this program/service?
A. Name: _____
3. What was the initiation year of this program/service, regardless of when it received JAG funding?
A. Year: _____
4. Are you or a partner planning or conducting an evaluation of this program/service?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
5. Did the program/service receive technical assistance during the reporting period?
A. Yes/No
6. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
A. Number of JAG-funded staff _____
B. Number of non-JAG-funded staff _____

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7. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No **(if No, skip next question)**

8. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	NA	1	2	3	4	5
State/tribal leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defender/indigent defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please describe the group of victims/witnesses the program serves, regardless of JAG funding (e.g., juveniles, adults, domestic violence, victims of violent crime, all victims).
-
-

10. Does your office focus on providing services to any of the following underserved groups, regardless of JAG funding? *Check all that apply.*
- A. ☐ Non-English or limited English-proficient victims/witnesses
 - B. ☐ Ethnic/religious minority victims/witnesses
 - C. ☐ Youth exposed to violence victims/witnesses
 - D. ☐ LGBTQI victims/witnesses
 - E. ☐ Victims/witnesses with mobility or cognitive disabilities
 - F. ☐ Deaf and hard-of-hearing victims/witnesses
 - G. ☐ Homeless victims/witnesses
 - H. ☐ Runaway youth victims/witnesses
 - I. ☐ Victims/witnesses of financial fraud/identity theft
 - J. ☐ Victims/witnesses of hate crimes
 - K. ☐ Victims/witnesses on tribal lands
 - L. ☐ Victims/witnesses of human trafficking
 - M. ☐ Victims/witnesses of mass violence or disasters
 - N. ☐ Victims/witnesses of cybercrime (e.g., bullying, stalking, but excluding financial fraud/identity theft)
 - O. ☐ Victims/witnesses in remote or not easily accessible geographic locations
 - P. ☐ None of the above
 - Q. ☐ Other
 - R. If other, please explain _____

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11. How often did you provide each of the following services during the reporting period, regardless of JAG funding?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Assistance in obtaining restitution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling (either group or one-on-one)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma informed care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis intervention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency shelter/food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/moral support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial/in-kind support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/shelter advocacy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance claim assistance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistance/case support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical assistance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety planning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness protection	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim–offender dialogue meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of a victim-assessment tool	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public outreach (e.g., billboards, newsletters, social media, brochures)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

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12. How often did your program/service conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem, program progress, or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

13. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "NA/Not tracked quarterly."*

	NA/Not tracked quarterly	Decreased	Stayed same	Increased
Violent crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted crime (e.g., drug crime, prostitution, violent crimes)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recurring victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of participants who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

14. Do you use JAG funds to pay for a forensic examiner? (e.g., sexual assault nurse examiner)
- A. Yes/No
- B. If Yes, how many people received a forensic examination as part of your program during the reporting period? _____

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15. Please fill out the following table with the number of people who requested and/or received victim/witness services during the reporting period, regardless of JAG funding.

	Item	Number	Prorated Total
A.	Number of people who requested services from your office during the reporting period		autocalc
B.	Number of people who were provided services by your office during the reporting period		autocalc
C.	Number of people who received referrals to other programs/organizations for additional services during the reporting period		autocalc

**If you have another Victim/Witness Service/Program,
please repeat these measures for that service/program.**

THIS COMPLETES THE VICTIM/WITNESS SERVICES MODULE

**BUREAU OF JUSTICE ASSISTANCE
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ACCOUNTABILITY MEASURES**

GOALS AND OBJECTIVES MODULE

This module should be completed in January and July by all grantees and subgrantees that had any activity during the reporting period or at the close of the grant, based on the previous or next 6 months.

Please answer the following questions for each goal related to your program.

1. Please identify the goal(s) you hope to achieve with your funding. If you have multiple goals, please report on each separately (one at a time) and repeat questions 1–4 for each goal. *State Administering Agencies (SAAs) and local grantees: Please provide the goals as listed in your grant application or as adjusted through a Grant Adjustment Notice (GAN). Subgrantees: Please provide the goals that best represent the use of your funding. For grantees/subgrantees purchasing equipment, please relate your goals to how the equipment will help improve your agency or community.*

2. What is the current status of this goal?

- A. ____ Not yet started
B. ____ In progress
C. ____ Delayed
D. ____ Completed
E. ____ Goal no longer applicable

3. During the past 6 months, please describe any progress you made or barriers you encountered related to this goal.

4. In the next 6 months, what major activities are planned for this goal?

5. Do you have another goal you hope to achieve with your grant funding?

- A. Yes (repeat questions 1–4 for each additional goal)
B. No **(please go to next questions)**

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Please answer the following questions based on your overall activity during the previous 6 months.

6. Did you receive or do you desire any assistance from BJA or a BJA-funded technical assistance provider? *Check all that apply.*
- A. Yes, we received assistance **(please describe)**
 - B. Yes, we would like assistance or additional assistance **(please describe)**
 - C. No
-
-

7. BJA likes to showcase grantees who are working on successful, innovative, and/or evidence-based programs. Do you have any noteworthy accomplishments, success stories, or program results from this reporting period that you would like to showcase?
- A. Yes (Please share your story at: <https://www.bja.gov/SuccessStoryList.aspx>)
 - B. No

THIS COMPLETES THE GOALS AND OBJECTIVES MODULE

Please refer to <http://ojp.gov/funding/Apply/Resources/BudgetDetailWorksheet.pdf>



[General Instructions & Resources](#)

[View Budget Summary](#)

OMB APPROVAL NO.: 1121-0329
EXPIRES 7/31/2016

Budget Detail Worksheet

- (1) **Purpose:** The Budget Detail Worksheet is provided for your use in the preparation of the budget and budget narrative. All required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be left blank. Indicate any **non-federal** (**match**) amount in the appropriate category, if applicable.
- (2) For each budget category, you can see a sample by clicking **(To View an Example, Click Here)** at the end of each description.
- (3) There are various hot links listed in red in the budget categories that will provide additional information via documents on the internet.
- (4) **Record Retention:** In accordance with the requirements set forth in [2 CFR Part 200.333](#) , all financial records, supporting documents, statistical records, and all other records pertinent to the award shall be retained by each organization for at least three years following the closure of the audit report covering the grant period.
- (5) The information disclosed in this form is subject to the Freedom of Information Act under 5 U.S.C. 55.2.

A. Personnel – List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. *(Note: Use whole numbers as the percentage of time, an example is 75.50% should be shown as 75.50)* [To View an Example, Click Here](#)

PERSONNEL (FEDERAL)

Name	Position	Computation				Cost
		Salary	Basis	Percentage of Time	Length of Time	
			Year			\$0
FEDERAL TOTAL						\$0

PERSONNEL NARRATIVE (FEDERAL)

PERSONNEL (NON-FEDERAL)

Name	Position	Computation				Cost
		Salary	Basis	Percentage of Time	Length of Time	
			Year			\$0
NON-FEDERAL TOTAL						\$0

PERSONNEL NARRATIVE (NON-FEDERAL)

TOTAL PERSONNEL
\$0

B. Fringe Benefits – Fringe benefits should be based on actual known costs or an [approved negotiated rate](#) by a Federal agency. If not based on an approved negotiated rate, list the composition of the fringe benefit package. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman’s Compensation and Unemployment Compensation. *(Note: Use decimal numbers for the fringe benefit rates, an example is 7.65% should be shown as .0765)* [To View an Example, Click Here](#)

FRINGE BENEFITS (FEDERAL)

Description	Computation		Cost
	Base	Rate	
			\$0
FEDERAL TOTAL			\$0

FRINGE BENEFITS NARRATIVE (FEDERAL)

FRINGE BENEFITS (NON-FEDERAL)

Description	Computation		Cost
	Base	Rate	
			\$0
NON-FEDERAL TOTAL			\$0

FRINGE BENEFITS NARRATIVE (NON-FEDERAL)

TOTAL FRINGE BENEFITS
\$0

C. **Travel** – Itemize travel expenses of staff personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Describe the purpose of each travel expenditure in reference to the project objectives. Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate “location to be determined.” Indicate source of Travel Policies applied Applicant or Federal Travel Regulations. Note: Travel expenses for consultants should be included in the “Contractual/Consultant” category. [To View an Example, Click Here](#)

TRAVEL (FEDERAL)

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:		Round-trip				\$0.00	
		Local Travel						\$0.00	
		Other							
		Subtotal						\$0.00	
FEDERAL TOTAL								\$0	

TRAVEL NARRATIVE (FEDERAL)

TRAVEL (NON-FEDERAL)

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:						\$0.00	
		Local Travel					\$0.00		
		Other					\$0.00		
		Subtotal							
NON-FEDERAL TOTAL									\$0

TRAVEL NARRATIVE (NON-FEDERAL)

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	TOTAL TRAVEL	\$0
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D. Equipment – List non-expendable items that are purchased (Note: Organization’s own capitalization policy for classification of equipment should be used). Expendable items should be included in the “Supplies” category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technological advances. Rented or leased equipment costs should be listed in the “Contractual” category. Explain how the equipment is necessary for the success of the project, and describe the procurement method to be used. To View an Example, Click Here

EQUIPMENT (FEDERAL)

Item	Computation		Cost
	Quantity	Cost	
			\$0
FEDERAL TOTAL			\$0

EQUIPMENT NARRATIVE (FEDERAL)

EQUIPMENT (NON-FEDERAL)

Item	Computation		Cost
	Quantity	Cost	
			\$0
NON-FEDERAL TOTAL			\$0

EQUIPMENT NARRATIVE (NON-FEDERAL)

TOTAL EQUIPMENT
\$0

E. Supplies – List items by type (office supplies, postage, training materials, copying paper, and **expendable** equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.
[To View an Example, Click Here](#)

SUPPLIES (FEDERAL)

Supply Items	Computation		Cost
	Quantity/Duration	Cost	
			\$0
FEDERAL TOTAL			\$0

SUPPLIES NARRATIVE (FEDERAL)

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SUPPLIES (NON-FEDERAL)

Supply Items	Computation		Cost
	Quantity/Duration	Cost	
			\$0
NON-FEDERAL TOTAL			\$0

SUPPLIES NARRATIVE (NON-FEDERAL)

TOTAL SUPPLIES	\$0
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F. Construction – Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Minor repairs and renovations should be classified in the "other" category. Consult with the program office before budgeting funds in this category. [To View an Example, Click Here](#)

CONSTRUCTION (FEDERAL)

Purpose	Description of Work	Cost
FEDERAL TOTAL		\$0

CONSTRUCTION NARRATIVE (FEDERAL)

CONSTRUCTION (NON-FEDERAL)

Purpose	Description of Work	Cost
NON-FEDERAL TOTAL		\$0

CONSTRUCTION NARRATIVE (NON-FEDERAL)

TOTAL CONSTRUCTION	\$0
--------------------	-----

G. Consultants/Contracts – Indicate whether applicant’s formal, written Procurement Policy or the [Federal Acquisition Regulations](#) are followed.

Consultant Fees: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$650 per day or \$81.25 per hour require additional justification and prior approval from OJP. [To View an Example, Click Here](#)

CONSULTANT FEES (FEDERAL)

Name of Consultant	Service Provided	Computation			Cost
		Fee	Basis	Quantity	
			8 Hour Day		\$0
SUBTOTAL					\$0

CONSULTANT FEES NARRATIVE (FEDERAL)

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CONSULTANT FEES (NON-FEDERAL)

Name of Consultant	Service Provided	Computation			Cost
		Fee	Basis	Quantity	
			8 Hour Day		\$0
SUBTOTAL					\$0

CONSULTANT FEES NARRATIVE (NON-FEDERAL)

Consultant Expenses: List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.). This includes travel expenses for anyone who is not an employee of the applicant such as participants, volunteers, partners, etc.

CONSULTANT EXPENSES (FEDERAL)

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:		Round-trip				\$0.00	
		Local Travel					\$0.00		
		Other							
		Subtotal							
SUBTOTAL								\$0	
FEDERAL TOTAL								\$0	

CONSULTANT EXPENSES NARRATIVE (FEDERAL)

CONSULTANT EXPENSES (NON-FEDERAL)

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night				\$0.00	
		Meals		Day				\$0.00	
		Mileage		Mile				\$0.00	
		Transportation:		Round-trip				\$0.00	
		Local Travel					\$0.00		
		Other						\$0.00	
		Subtotal							
SUBTOTAL									\$0
NON-FEDERAL TOTAL									\$0

CONSULTANT EXPENSES NARRATIVE (NON-FEDERAL)

TOTAL CONSULTANTS	\$0
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Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$150,000. A sole source contract may not be awarded to a commercial organization that is ineligible to receive a direct award. Note: This budget category may include subawards.

CONTRACTS (FEDERAL)

Item	Cost
FEDERAL TOTAL	\$0

CONTRACTS NARRATIVE (FEDERAL)

CONTRACTS (NON-FEDERAL)

Item	Cost
NON-FEDERAL TOTAL	\$0

CONTRACTS NARRATIVE (NON-FEDERAL)

TOTAL CONTRACTS	\$0
TOTAL CONSULTANTS/CONTRACTS	\$0

H. Other Costs – List items (e.g., rent ([arms-length transaction only](#)), reproduction, telephone, janitorial or security services, and investigative or [confidential](#) funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent or provide a monthly rental cost and how many months to rent. The basis field is a text field to describe the quantity such as square footage, months, etc. [To View an Example, Click Here](#)

OTHER COSTS (FEDERAL)

Description	Computation				Cost
	Quantity	Basis	Cost	Length of Time	
					\$0
FEDERAL TOTAL					\$0

OTHER COSTS NARRATIVE (FEDERAL)

OTHER COSTS (NON-FEDERAL)

Description	Computation				Cost
	Quantity	Basis	Cost	Length of Time	
					\$0
NON-FEDERAL TOTAL					\$0

OTHER COSTS NARRATIVE (NON-FEDERAL)

TOTAL OTHER COSTS
\$0

I. Indirect Costs – Indirect costs are allowed if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a [fully executed, negotiated agreement](#)), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant’s [cognizant Federal agency](#) , or the applicant may elect to charge a de minimis rate of 10% of modified total direct costs as indicated in [2 CFR Part 200.414f](#) . If the applicant's accounting system permits, costs may be allocated in the direct cost categories. *(Use whole numbers as the indirect rate, an example is an indirect rate of 15.73% should be shown as 15.73)* [To View an Example, Click Here](#)

INDIRECT COSTS (FEDERAL)

Description	Computation		Cost
	Base	Rate	
			\$0
FEDERAL TOTAL			\$0

INDIRECT COSTS NARRATIVE (FEDERAL)

INDIRECT COSTS (NON-FEDERAL)

Description	Computation		Cost
	Base	Rate	
			\$0
NON-FEDERAL TOTAL			\$0

INDIRECT COSTS NARRATIVE (NON-FEDERAL)

TOTAL INDIRECT COSTS	\$0
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Budget Summary – When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal funds requested and the amount of non-Federal funds that will support the project.

Budget Category	Federal Request	Non-Federal Amounts	Total
A. Personnel	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0
C. Travel	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0
G. Consultants/Contracts	\$0	\$0	\$0
H. Other	\$0	\$0	\$0
Total Direct Costs	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0
TOTAL PROJECT COSTS	\$0	\$0	\$0

Federal Request	\$0
Non-Federal Amount	\$0
Total Project Cost	\$0

Public Reporting Burden

Paperwork Reduction Act Notice: Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a current valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is four (4) hours per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write the Office of Justice Programs, Office of the Chief Financial Officer, 810 Seventh Street, NW, Washington, DC 20531; and to the Public Use Reports Project, 1121-0188, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.